157th
Annual Report of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL 1970

OFFICERS AND STAFF

1971

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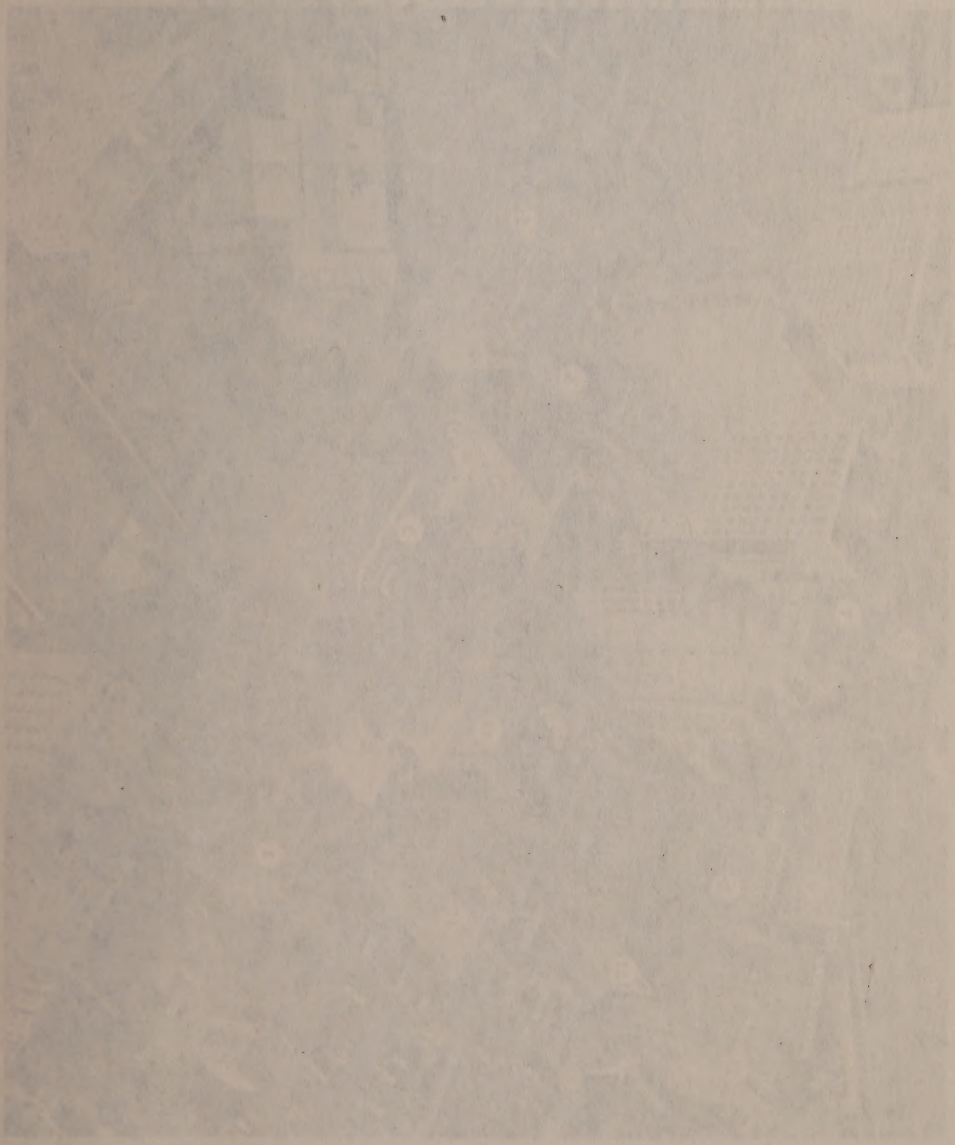
THE GENERAL HOSPITAL
Boston, Massachusetts

McLEAN HOSPITAL
Belmont, Massachusetts



THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building and Jackson Tower (1969)
7. Baker Memorial (1930)
8. Warren Building (1956)
9. Phillips House (1917)
10. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
11. Clinics Building (1903)
12. Walcott House (1913)
13. Moseley Building (1916)
14. George Robert White Building (1939)
15. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Fifty-seventh Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

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1970

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General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those without private physicians; **The Baker Memorial** with private and semi-private accomodations; **The Burnham Memorial for Children**; and the **Phillips House**, the private pavilion. These divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is the Psychiatric Division of the M.G.H., and the **Vincent Memorial Hospital** is the M.G.H.'s Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital, is open 24 hours a day.

The *Clinics* of the M.G.H. are available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

Bunker Hill Health Center, located on High Street in Charlestown, is a division of the M.G.H. devoted to the medical care of Charlestown residents.

The M.G.H. is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

- A member of United Community Services of Metropolitan Boston
- A member of the American Hospital Association
- Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
- Approved by the American Medical Association for Residencies and Internships

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Robert N. Ganz, M.D.
Erich Lindemann, M.D.
Edwin F. Cave, M.D.
Robert S. Schwab, M.D.
Earle M. Chapman, M.D.
Alfred Kranes, M.D.
Marian W. Ropes, M.D.
Marshall K. Bartlett, M.D.
Clement Sledge, M.D.
J. Drennan Lowell, M.D.
Jost J. Michelsen, M.D.
Hannibal Hamlin, M.D.
Paul M. Howard, M.D.
Henry K. Beecher, M.D.
Peter A. Dempsey, D.M.D.
Charles H. Endee, D.M.D.

ADMINISTRATION

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John H. Knowles, M.D.

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Ferdinand Strauss, *Asst. Director*
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Joseph McCue, *Assoc. Comptroller*
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DeLanson Y. Hopkins, *Administrative Asst.*

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Deputy Director (Research Administration)
Ralph G. Meader, Ph.D.

Administrative Assistant
John W. Webb

Executive Officer for M.G.H. Clinics
Ruth M. Farrisey, R.N.

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Robert Gladwin

News and Public Affairs Director
Martin Bander

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General Hospital

Oleta Allen, R.N.
Hazel Foisey
Helen Forrant, R.N.
Eleanor R. Hargraves, R.N.
Josephine Joyce, R.N.
Catherine McHugh, R.N.
Evelyn Mobilia, R.N.
John Stella

Baker Memorial
Sarah M. Lifvergren, R.N.

Enes Zambon, R.N.
Florence Giberti Brown, R.N.
Estelle Holmes
Nancy Lynn
Christine MacKinnon, R.N.
Ruth E. Poules, R.N.
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Mary A. Slowick, R.N.

Philips House
Helena McCarten, R.N.
Marie W. Neary, R.N.
Margaret Smith, R.N.

M.G.H. Clinics
James Prekup

Director Emeritus

Nathaniel W. Faxon, M.D.

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Mary E. Macdonald, R.N., *Director*
Gellestrina DiMaggio, R.N., *Associate Director*

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(Philips House)

Helen J. Coghlan, R.N.
(Operating Room)

Adele L. Corkum, R.N.
(Baker Memorial)

Ruth M. Farrisey, R.N.
(M.G.H. Clinics)

Frances C. Grady, R.N.
(Bulfinch Building)
(Vincent-Burnham)

Mary E. Quinlan, R.N.
(White Building)

Mary H. Regan, R.N.
(Staff Education)

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Director Emerita
School of Nursing and Nursing Service
Ruth Sleeper, R.N.

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Harold L. Emrich
(Associate Comptroller)

Building Service
Howard W. Rath

Clinical Administration
Stephen Kauffman

Construction and Maintenance
Carleton N. Goff
(Resident Architect)

Gilbert J. Nessolini
(Plant Engineer)

Dietary (Department and Dietetic Internship)
Louise Hatch

Medical Records
Joyce E. Gormley

Personnel
Ruth MacRobert

Pharmacy
John W. Webb

Social Service
Eleanor Clark

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Credit and Collections	Francis Largenton
Dispatch	Leon F. Katzer
Information, Baker Memorial	Frances Nagle
Information, General Hospital	Hope Wright
Orthopedic Workshop	William Murphy
Print Shop	Ralph H. Cluff, Jr.
Medical Art Department	Edith Tagrin
Security	William Boland
Telecommunications	Evelyn Olschewski
Treadwell Library	Genevieve Cole
Volunteers	Mary Ruth Wolf

Staff
AND VISITING STAFF

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Daniel S. Ellis, M.D.
Daniel D. Federman, M.D.
*Gerald S. Foster, M.D.
Allan L. Friedlich, M.D.
Edgar Haber, M.D.
*Kurt J. Isselbacher, M.D.
Bernard M. Jacobson, M.D.
Rita M. Kelley, M.D.
John H. Knowles, M.D.
Stephen M. Krane, M.D.
Francis C. Lowell, M.D.
Gordon S. Myers, M.D.
John D. Stoeckle, M.D.
Morton N. Swartz, M.D.
Edwin O. Wheeler, M.D.
Conger Williams, M.D.
Paul C. Zamecnik, M.D.

Associate Physicians

Alan C. Aisenberg, M.D.
George P. Baker, Jr., M.D.
William S. Beck, M.D.
Kenneth T. Bird, M.D.
Kurt J. Bloch, M.D.
Perry J. Culver, M.D.
Anne P. Forbes, M.D.
William Franklin, M.D.
Harriet L. Hardy, M.D.
Reed Harwood, M.D.
Homayoun Kazemi, M.D.
Bernard Kliman, M.D.
Jan Koch-Weser, M.D.
Farahe Maloof, M.D.
Donald B. Martin, M.D.
Edwin P. Maynard, III, M.D.
Janet W. McArthur, M.D.
John A. Mills, M.D.
Arthur S. Pier, Jr., M.D.
Walter W. Point, M.D.
Walter T. St. Goar, M.D.
Guillermo C. Sanchez, M.D.
Charles A. Sanders, M.D.
Allan I. Sandler, M.D.
Robert H. Schapiro, M.D.
W. Davies Sohier, Jr., M.D.
Arnold N. Weinberg, M.D.
Louis Weinstein, M.D.

Assistant Physicians

John C. Angley, M.D.
Victor G. Balboni, M.D.
G. Octo Barnett, M.D.
Paul H. Black, M.D.
Caesar Briefer, Jr., M.D.
Robert W. Carey, M.D.
James R. Carter, Jr., M.D.
M. Henry Clifford, M.D.
Cecil H. Coggins, M.D.
Robert W. Colman, M.D.
John C. Dalton, M.D.
Joseph W. Gardella, M.D.
Allan Goldblatt, M.D.
Stephen E. Goldfinger, M.D.
Jerome H. Grossman, M.D.
J. Warren Harthorne, M.D.
Newton E. Hyslop, M.D.
John W. Irwin, M.D.
George A. Jacoby, M.D.
H. Walter Jones, Jr., M.D.
John W. Keller, M.D.
William F. McNeeley, M.D.
Lawrence M. Miller, M.D.
Robert M. Neer, M.D.

*On Leave of Absence

Lot B. Page, M.D.
John T. Potts, M.D.
Richmond Prescott, M.D.
John T. Quinby, M.D.
Dwight R. Robinson, M.D.
John H. Sisson, M.D.
William E. Strole, M.D.
George P. Sturgis, M.D.
Roger H. Sweet, M.D.
Charles H. Weingarten, M.D.
Richard G. Whiting, M.D.
Martin J. Wohl, M.D.
Peter M. Yurchak, M.D.

Assistants in Medicine

David W. Allen, M.D.
Morton E. Alpert, M.D.
Clyde H. Beck, Jr., M.D.
Patricia H. Benedict, M.D.
Peter C. Block, M.D.
*Mortimer M. Civan, M.D.
George L. Cohen, M.D.
James H. Currens, M.D.
Richard W. Erbe, M.D.
Robert M. Glickman, M.D.
Anne F. Godley, M.D.
Cyrus C. Hopkins, M.D.
Adolph M. Hutter, Jr., M.D.
Lewis W. Kane, M.D.
Robert C. Leinbach, M.D.
Norman S. Lichtenstein, M.D.
Albert R. Martin, M.D.
Robert C. Moellering, Jr., M.D.
Gordon T. Moore, M.D.
John Noble, M.D.
Maurice M. Pechet, M.D.
Sholem Postel, M.D.
William J. Powell, Jr., M.D.
Mitchell T. Rabkin, M.D.
Thomas W. Smith, M.D.
Denise J. Strieder, M.D.
Milton M. Weiser, M.D.

Clinical Associates in Medicine

Sidney Friedman, M.D.
John R. Graham, M.D.
John Homans, Jr., M.D.
Charles S. Keevil, Jr., M.D.
Robert S. Lees, M.D.
Robert K. Leet, M.D.
Leslie Lipworth, M.B., Ch.B.
David Littmann, M.D.
John M. Moses, M.D.
Robert K. Osborne, M.D.
Edward S. Rendall, M.D.
Oscar E. Starobin, M.D.
Frederic Tudor, M.D.

Clinical Assistants in Medicine

Doris E. Barber, M.D.
Donnell W. Boardman, M.D.
Albert I.C. DeFriez, M.D.
Lawrence J. Finkelstein, M.D.
Richard C. Gardner, M.D.
Joseph J. Herskovits, M.D.
Paul A. Kantrowitz, M.D.
Maximiliaan G. Kaulbach, M.D.
Barry W. Levine, M.D.
Thomas C. McBride, M.D.
Raymond L.H. Murphy, Jr., M.D.
Edward F. Parsons, M.D.
Burton J. Polansky, M.D.
Richard J. Wurtman, M.D.

Applied Physicist

Gordon L. Brownell, Ph.D.

Associate Applied Physicist

Saul Aronow, Ph.D.

Assistant Applied Physicists

Charles A. Burnham, M.S.
Bernard Hoop, Jr., Ph.D.
Samuel Wilensky, Ph.D.

*On Leave of Absence

Physical Chemist
D. Michael Young, M.D.

Biologists
Jerome Gross, M.D.
Jesse F. Scott, M.D.

Associate Biologists
Nancy L.R. Bucher, M.D.
Geoffrey W.G. Sharp, Ph.D.

Assistant Biologist
Romaine R. Bruns, Ph.D.

Assistant in Biology
Donald R. DiBona, Ph.D.

Biochemists
Lewis L. Engel, Ph.D.
Roger W. Jeanloz, Ph.D.

Visiting Biochemists
Carl F. Cori, M.D.
John H. Highberger, Ph.D.

Associate Biochemist
Barbara Wright Kalckar, Ph.D.

Assistant Biochemists
John F. Codington, M.D.
David L. Coleman, Ph.D.
Elvin Harper, Ph.D.
Andrew H. Kang, M.D.
M. Vernon King, Ph.D.
James C. Orr, Ph.D.
Erika E. Randerath, Ph.D.
Kurt Randerath, M.D.
Mary L. Stephenson, Ph.D.

Assistants in Biochemistry
Irvin N. Hirshfield, Ph.D.
Kay Tanaka, M.D.

Assistant Computer Scientist
Robert A. Greenes, M.D.

Assistants in Computer Science
Barbara Farquhar, B.A.
William A. Gouveia, M.S.
James W. Poitras, B.S.
Stanley M. Rose, M.S.

Assistant in Bacteriology
Richard O. Roblin, III, Ph.D.

DERMATOLOGY

Chief of Service
Thomas B. Fitzpatrick, M.D., Ph.D.

Associate Dermatologist
Howard P. Baden, M.D.

Assistant Dermatologists

Lowell A. Goldsmith, M.D.
Harley A. Haynes, M.D.
Charles S. Keuper, M.D.
Richard Masters, M.D.
Robert F. Tilley, M.D.

Assistants in Dermatology

Burnham E. Lamkins, M.D.
Myron H. Matz, M.D.
A. David McGugan, M.D.
Arthur S. Spangler, M.D.

Clinical Associates in Dermatology

Leroy D. Aaronson, M.D.
Kenneth A. Arndt, M.D.
William L. Curwen, M.D.
Nicholas J. Fiumara, M.D.
Irwin M. Freedberg, M.D.
John L. Fromer, M.D.
William F. Gallagher, M.D.
Earl A. Glicklich, M.D.
Robert D. Griesemer, M.D.
Milton E. Helman, M.D.
William R. Hill, M.D.
Philip L. McCarthy, M.D.
Edmund L. Piper, M.D.
Sabino J. Sinesi, M.D.
E. Laurie Tolman, M.D.

Clinical Assistant

Kathleen T. O'Shea, M.D.

Associate Biochemists

Irvin H. Blank, Ph.D.
Madhukar A. Pathak, Ph.D.

Assistant Biochemists

Jean B. Burnett, Ph.D.
Kiyoshi Toda, M.D.

Associate Physical Chemist

Robert Scheuplein, Ph.D.

Associate Biologist

George Szabo, Ph.D.

NEUROLOGY

Chief of Service

Raymond D. Adams, M.D.

Neurologists

Mandel E. Cohen, M.D.
C. Miller Fisher, M.D.
Hugo W. Moser, M.D.
Vincent P. Perlo, M.D.
Edward P. Richardson, M.D.

Associate Neurologists

Barry G. Arnason, M.D.
Gwendolyn R. Hogan, M.D.
Ernest H. Picard, M.D.
David C. Poskanzer, M.D.
William H. Timberlake, M.D.
Gerald F. Winkler, M.D.
Robert R. Young, M.D.

Assistant Neurologists

G. Robert DeLong, M.D.
Larry J. Embree, M.D.
Robert E. Flynn, M.D.
James R. Lehrich, M.D.
Peter B-B Rosenberger, M.D.
Karel van Syckel Toll, M.D.
Alfred D. Weiss, M.D.
Shirley H. Wray, Ph.D.

Assistants in Neurology

Verne S. Caviness, Jr., M.D.
Albert C. England, Jr., M.D.
T. Corwin Fleming, M.D.
Edwin H. Kolodny, M.D.
Harvey L. Levy, M.D.
Vivian E. Shih, M.D.

Neurophysiologists

John S. Barlow, M.D.
Elwood Henneman, M.D.

Assistant Neurophysiologist

Bhagwan T. Shahani, M.B.B.S.

Associate Neuropathologist

Karl Erik Astrom, M.D.

Biochemists

John Gergely, M.D.
Julian N. Kanfer, Ph.D.

Associate Biochemist

Yasuo Kishimoti, Ph.D.

Psychologist

Murray Sidman, Ph.D.

Associate Psychologists

Harry A. Mackay, Ph.D.
Barbara A. Ray, Ph.D.
Lawrence T. Stoddard, Ph.D.

Assistants in Psychology

William H. Redd, Ph.D.
Paul Edward Touchette, Ed.D.

PSYCHIATRY

Chief of Service

Leon Eisenberg, M.D.

Psychiatrists

Gerald Caplan, M.D.
Thomas F. Dwyer, M.D.
Frank Ervin, M.D.
Gerald L. Klerman, M.D.
John H. Lamont, M.D.
Chester M. Pierce, M.D.
Peter E. Sifneos, M.D.
Alfred H. Stanton, M.D.
Avery D. Weisman, M.D.

Associate Psychiatrists

Robert L. Bragg, M.D.
Franklin Carter, M.D.
Aaron Lazare, M.D.
Walter Mann, M.D.

John G. Clark, M.D.
Benjamin F. Gill, M.D.
Thomas P. Hackett, M.D.
Richmond Holder, M.D.
Alvin F. Poussaint, M.D.
Samuel Silverman, M.D.
Alan A. Stone, M.D.
Jerome Weinberger, M.D.

Assistant Psychiatrists

Ross J. Baldessarini, M.D.
James E. Barrett, M.D.
Morton Beiser, M.D.
Norman Bernstein, M.D.
Frances J. Bonner, M.D.
Peter T. Choras, M.D.
Gerald E. Davidson, M.D.
Pattison Esmiol, M.D.
Bruce W. Fischberg, M.D.
Freddy H. Frankel, M.D.
Frederick G. Guggenheim, M.D.
Helen M. Herzan, M.D.
Gary Jacobson, M.D.
Alfred J.R. Koumans, M.D.
Bernard S. Levy, M.D.
Maria Lorenz, M.D.
Edward A. Mason, M.D.
Milton Mazer, M.D.
Michael T. McGuire, M.D.
Edward Messner, M.D.
Harry S. Olin, M.D.
Frank J. Paolitto, M.D.
Maxwell G. Potter, M.D.
George W. Rever, M.D.
Jack O. Rice, M.D.
Danuta Stachiewicz, M.D.

Assistants in Psychiatry

Michael J. Bennett, M.D.
Lucille P. Carter, M.D.
Herbert S. Cline, M.D.
Ronald O. Hurston, M.D.
Miguel A. Leibovich, M.D.
Herbert O. LeVine, M.D.
Don Palmer, M.D.
Arthur N. Papas, M.D.
John A. Renner, M.D.
William H. Sack, M.D.
Joseph E. Schwartz, M.D.
William Sharpe, Jr., M.D.
Daniel Shaw, M.D.
William R. Shelton, M.D.
Lionelle D. Wells, M.D.

Clinical Associates in Psychiatry

Harold Abramowitz, M.D.
Robert Cserr, M.D.
Sidney Green, M.D.
Peter B. Hagopian, M.D.
Bellenden R. Hutcheson, M.D.
Ernest W. Keil, M.D.
Philip R. Sullivan, M.D.

Clinical Assistants in Psychiatry

David Hutchison, M.D.
Stuart M. Kameny, M.D.
Charles S. Mullin, M.D.
Karen L. Pajari, M.D.
Lawrence C. Salvesen, M.D.
John C. Shershow, M.D.
Herbert C. Siegert, M.D.
Earl G. Solomon, M.D.
John B. Spillane, M.D.
Evelyn D. Waitzkin, M.D.

Psychobiologist

Seymour S. Kety, M.D.

Psychologists

C. Keith Conner, Ph.D.
Gene M. Smith, Ph.D.

Associate Psychologists

Clara Mayo, Ph.D.
Richard R. Peebles, Ph.D.
Alvin J. Simmons, Ph.D.
Nancy C. Waugh, Ph.D.

Assistant Psychologists

Sherry Autor, Ph.D.
Edward Blacker, Ph.D.
Warren E. Foote, Ph.D.
James L. Fozard, Ph.D.
Peter L. Gill, Ph.D.
Thomas C. Harford, Ph.D.
Norman A. Neiberg, Ph.D.

Assistant in Psychology

J. William Worden, Ph.D.

Assistant Sociologist

Mark G. Field, Ph.D.

Assistant in Mathematics

Stephen Lorch, B.S.

Assistant Anthropologist

Sherwin J. Feinhandler, Ph.D.

Assistant Psychobiologist

Steven W. Matthysse, Ph.D.

BURNHAM DIVISION FOR CHILDREN

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John P. Connelly, M.D.
John D. Crawford, M.D.
John W. Littlefield, M.D.
Thomas C. Peebles, M.D.
Philip J. Porter, M.D.
Ralph A. Ross, M.D.

Associate Pediatricians

William D. Cochran, M.D.
Edward C. Dyer, M.D.
Leroy L. Eldredge, M.D.
Lawrence J. Essember, M.D.
Allan Goldblatt, M.D.
Andrew D. Guthrie, Jr., M.D.
Gwendolyn R. Hogan, M.D.
John S. Robey, M.D.
Robert T. Sceery, M.D.
Mary Louise Scholl, M.D.
Daniel C. Shannon, M.D.
Richard C. Talamo, M.D.
Rudolf Toch, M.D.
Joseph B. Warshaw, M.D.

Assistant Pediatricians

Hans H. Bode, M.D.
G. Robert DeLong, M.D.
Nathan H. Fearer, M.D.
Arnold D. Fiascone, M.D.
Joseph W. Fowler, III, M.D.
Herbert A. Haessler, M.D.
Lewis B. Holmes, M.D.
Mary C. Howell, M.D., Ph.D.
M. Edward Keenan, M.D.
Josephine G. Kety, M.D.
Aubrey Milunsky, M.B. B.Ch.
George W. Rever, M.D.
John C. Robinson, M.D.
Peter B-B Rosenberger, M.D.
Jordan S. Ruboy, M.D.
John T. Truman, M.D.

Assistants in Pediatrics

John P. Cloherty, M.D.
Richard W. Erbe, M.D.
George A. Glines, M.D.
Gerald W. Hazard, M.D.
John B. Joseph, M.D.
Melvyn B. Levine, M.D.
Leonard H. Plotkin, M.D.
Bruce M. Rosenberg, M.D.
Murray K. Rosenthal, M.D.

Clinical Associates in Pediatrics

William J. Adelson, M.D.
Elroy E. Anderson, M.D.
Donald J. Annino, M.D.
Doris R. Bennett, M.D.
T. Berry Brazelton, M.D.
James J.A. Cavanaugh, M.D.
John M. Cohen, M.D.
Saul H. Cohen, M.D.
William A. Dickson, M.D.
Robert A. Driscoll, M.D.
John A. Duggan, M.D.
Thomas Frank, M.D.
Theodore S. Golden, M.D.
Robert M. Kline, M.D.
Joseph J. McGovern, M.D.
Edward F. McGrath, M.D.
James A. O'Shea, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Edward F. Rabe, M.D.
Daniel R. Rectanus, M.D.
Robert H. Richie, Jr., M.D.
Benjamin Sachs, M.D.
Edward C. Saef, M.D.
John W. Scanlon, M.D.
Boris Senior, M.D.
Albert L. Sheffer, M.D.
Lois M. Smedley, M.D.
Wilhelmina Van Dyke, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
Eleanore C. Zaudy, M.D.

Clinical Assistant
Joseph T. Murphy, M.D.

Psychologist
Jerome Kagan, Ph.D.

Associates from other Services and Departments

Anesthesia:	Richard J. Kitz, M.D.
Cardiology:	Roman DeSanctis, M.D.
Cardiac Surgery:	W. Gerald Austen, M.D. Mortimer J. Buckley, M.D. W. Hardy Hendren, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
General Pediatric Surgery:	W. Hardy Hendren, M.D. William C. Quinby, M.D. Samuel H. Kim, M.D.
Gynecologic Medicine:	Janet McArthur, M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D.
Infectious Disease:	Morton N. Swartz, M.D.
Neurology:	Raymond Adams, M.D. Robert DeLong, M.D. Gwendolyn Hogan, M.D. Hugo Moser, M.D.
Neurosurgery:	William H. Sweet, M.D.
Organ Transplantation:	Ronald Malt, M.D. Paul S. Russell, M.D.
Orthopedic Surgery:	Robert Boyd, M.D. Hugh P. Chandler, M.D. Edward J. Riseborough, M.D. Edwin T. Wyman, Jr., M.D.
Plastic Surgery:	Bradford Cannon, M.D. John Constable, M.D. John Remensnyder, M.D.
Psychiatry:	Leon Eisenberg, M.D. Norman Bernstein, M.D. John Lamont, M.D. George Rever, M.D.
Psychology:	Keith Connors, Ph.D.
Radiology:	Alfred L. Weber, M.D.
Urologic Surgery:	George R. Prout, Jr., M.D. Wyland F. Leadbetter, M.D.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services

W. Gerald Austen, M.D.

Visiting Surgeons

John F. Burke, M.D.
Bradford Cannon, M.D.
Gordon A. Donaldson, M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
Francis M. Ingersoll, M.D.
George L. Nardi, M.D.
John W. Raker, M.D.
Paul S. Russell, M.D.
J. Gordon Scannell, M.D.
Claude E. Welch, M.D.
Frank C. Wheelock, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons

Glenn E. Behringer, M.D.
John D. Constable, M.D.
R. Clement Darling, M.D.
Thomas H. Green, Jr., M.D.
Charles E. Huggins, M.D.
Ronald A. Malt, M.D.
William C. Quinby, Jr., M.D.
*George S. Richardson, M.D.
Grant V. Rodkey, M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Mortimer J. Buckley, M.D.
Edwin L. Carter, M.D.
Willard M. Daggett, M.D.
John W. Grover, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Arthur L. Herbst, M.D.
Lawrence J. Malone, M.D.
Ashby C. Moncure, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
John P. Remensnyder, M.D.
William P. Rogers, Jr., M.D.
Chiu-an Wang, M.D.

Assistants in Surgery

Ann B. Barnes, M.D.
Joseph M. Civetta, M.D.
Robert J. Corry, M.D.
Thomas S. Durant, M.D.
Josef E. Fischer, M.D.
Samuel H. Kim, M.D.
Michael N. Margolies, M.D.
LeRoy S. Wirthlin, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
William K. McClelland, M.D.
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Anthony S. Patton, M.D.
Edwin W. Salzman, M.D.
Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Masao Yatsuhashi, M.D.

*On Leave of Absence

Clinical Assistants in Surgery

Joseph R. Barrie, M.D.
Martin J. Bellinger, M.D.
Francis H. Boudreau, M.D.
Charles T. Claydon, M.D.
James M. Doonan, M.D.
William C. Duncan, III, M.D.
Dexter W. Lawson, M.D.
Jack Monchik, M.D.
John V. Pikula, M.D.
John L. Rowbotham, M.D.

Associate Biologist

Leona Zacharias, Ph.D.

Assistant Biologist

Daniel F. Malamud, Ph.D.

Assistant in Biology

Lee V. Leak, Ph.D.

Associate Immunologist

Henry J. Winn, Ph.D.

Assistant Biochemists

James W. Drysdale, Ph.D.
Michael J. Lee, Ph.D.
David A. Swann, Ph.D.

Assistant in Biochemistry

Nasir Bashirelahi, Ph.D.

GYNECOLOGY

Chief of Service

Howard Ulfelder, M.D.

Staff Shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service

William H. Sweet, M.D., D. Sc.

Visiting Neurosurgeon

H. Thomas Ballantine, Jr., M.D.

Associate Visiting Neurosurgeon

Raymond N. Kjellberg, M.D.
Robert G. Ojemann, M.D.

Assistants in Neurosurgery

Edward P. Baker, Jr., M.D.
James G. Wepsic, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames, III, M.D.

Associate Chemist in Neurosurgery
Albert H. Soloway, Ph.D.

Associate Neurophysiologist in Neurosurgery
Daniel A. Pollen, M.D.

Assistant Psychologist in Neurosurgery
Marianne L. Simmel, Ph.D.

Clinical Associates in Neurosurgery
Robert C. Cantu, M.D. Vernon H. Mark, M.D.
Nicholas T. Zervas, M.D.

Clinical Assistant in Neurosurgery
Harold A. Wilkinson, M.D.

ORTHOPEDIC SURGERY

Acting Chief of Service
Thornton Brown, M.D.

Visiting Orthopedic Surgeons
Otto E. Aufranc, M.D. Eugene E. Record, M.D.
William H. Harris, M.D. Carter R. Rowe, M.D.

Associate Orthopedic Surgeons
Thomas L. DeLorme, M.D. Donald S. Pierce, M.D.
William N. Jones, M.D. John A. Reidy, M.D.

Assistant Orthopedic Surgeons
Robert J. Boyd, M.D. Edward A. Nalebuff, M.D.
William L. Kermond, M.D. Edward J. Riseborough, M.D.
William R. MacAusland, Jr., M.D. Morton Smith-Petersen, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopedic Surgery
Joseph S. Barr, Jr., M.D. Hugh P. Chandler, M.D.
Robert B. Brendze, M.D. James I. Huddleston, M.D.
*Richard I. Burton, M.D. Roderick H. Turner, M.D.

Clinical Associate in Orthopedic Surgery
Thomas F. Broderick, Jr., M.D.

Chief of the Department of Podiatry
John D. McLean, D.S.C.

*On Leave of Absence

Assistant Podiatrists

Edward R. Bloom, D.S.C.
Donald D. Donovan, D.S.C.
Thomas F. Connolly, D.S.C.
Ralph W. Spinelli, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistants to the Orthopedic Outpatient Department

James S. Hewson, M.D.
Philip I. Salib, M.D.

Assistant Biologist in Orthopedic Surgery

Marijke E. Holtrop, Ph.D.

Assistant Biochemist in Orthopedic Surgery

Jerome M. Seyer, Ph.D.

UROLOGY

Chief of Service

George R. Prout, Jr., M.D.

Consulting Visiting Urologist

Sylvester B. Kelley, M.D.

Visiting Urologists

Walter S. Kerr, Jr., M.D.
Wyland F. Leadbetter, M.D.
*Howard I. Suby, M.D.

Assistant Urologists

Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology

William L. Strickler, M.D.
Hugh H. Young, II, M.D.

DEPARTMENT OF ORAL SURGERY

Chief of Service

Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons

George Christman, D.M.D.
Morton J. Olin, D.M.D.
Richard L. Miner, D.D.S.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons

Barry J. Agranat, D.M.D.
Frederick K. Poulin, D.M.D.
Henry D. Howe, D.M.D.
Donald B. Rae, D.D.S.
Peter G. Kimball, D.M.D.
Leonard B. Shulman, D.M.D.
Robert C. Lincoln, D.M.D.
William H. Tingey, Jr., D.M.D.

*On Leave of Absence

Assistant Oral Surgeons

Robert E. Evans, D.M.D. Zygmunt W. Pozatek, D.M.D.
John B. Taylor, D.D.S.

Assistants in Oral Surgery

Myron Allukian, Jr., D.D.S. Gary S. Goldstein, D.M.D.

Clinical Associates in Oral Surgery

Herman DeWilde, D.M.D. Terrence D. Hoover, D.M.D.
Daniel J. Holland, Jr., D.M.D. George M. Noss, D.M.D.
Edward L. Sleeper, D.D.S.

Clinical Assistants in Oral Surgery

Charles R. Bowen, D.M.D. Richard S. Hymoff, D.M.D.
Malcolm E. Thornton, D.M.D.

DEPARTMENTS

PATHOLOGY

Chief of Department

Benjamin Castleman, M.D.

Pathologists

Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists

Leonard Atkins, M.D.
James B. Caulfield, M.D.
Sanford I. Roth, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists

Harold F. Dvorak, M.D.
Max L. Goodman, M.D.
Kilmer S. McCully

Assistants in Pathology

Albert R. Keller, M.D.
Gerald Nash, M.D.

Clinical Associates in Pathology

G. Richard Dickersin, M.D.
Robert Fienberg, M.D.
Joel Umlas, M.D.

Clinical Assistants in Pathology

Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists

Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists

Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biologist

Barbara H. Sanford, Ph.D.

Assistants in Biology

Stephen W. Downing, Ph.D.
W. Allen Shannon, Jr., Ph.D.

ANESTHESIA

Chief of Department

Richard J. Kitz, M.D.

Anesthetists

Phillips Hallowell, M.D.
Edward Lowenstein, M.D.
Myron B. Laver, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

George E. Battit, M.D.
Brian C. Dalton, L.R.C.P.I.
John W. D. Garrett, M.D.
Bennie Geffin, M.B.,Ch.B.
Bucknam McPeek, M.D.
Roger H. Morris, M.D.
John F. Ryan, M.D.

Assistant Anesthetists

John M. R. Bruner, M.D.
Eric B. Furman, M.B.,B.Ch.
Suzanne J. Lamdin, M.D.
Elliott V. Miller, M.D.
John D. Murphy, M.D.
Robin A. Vandermolen, M.B., B.Ch.
Sarita G. Walzer, M.D.

Assistants in Anesthesia

Joseph C. Gabel, M.D.
Michael C. Sheskey, M.D.
Roger S. Wilson, M.D.

Psychologist

Gene M. Smith, Ph.D.

Assistant Biomedical Engineer

Jozef K. Cywinski, Ph.D.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., Ph.D.

Associate Biochemist

Roberta F. Colman, Ph.D.

Assistant Biochemists

Winfried Boos, Ph.D.
Annette M. C. Rapin, Ph.D.

Assistant in Biochemistry

Alexander U. Bertland, Ph.D.

Visiting Biochemist

Dimitri Stathakos, Ph.D.

BACTERIOLOGY

Bacteriologist

Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists

Theodore F. Medrek, Ph.D.
Barbara K. Watson, Ph.D.

CLINICAL CHEMISTRY LABORATORIES

Chief
Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
William S. Beck, M.D.

RADIOLOGY

Chief of Department
Laurence L. Robbins, M.D.

Radiologists

Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
J. Malcolm McNeill, M.D.
Paul F. J. New, M.D.
Henry P. Pendergrass, M.D.
Paul M. St. Aubin, M.D.
Milford D. Schulz, M.D.
Chiu-chen Wang, M.D.
Alfred L. Weber, M.D.

Associate Radiologists

Joseph T. Ferrucci, Jr., M.D.
Murray L. Janower, M.D.
Richard E. Land, M.D.
K. Jack Momose, M.D.
Richard C. Pfister, M.D.
Frederick S. Tomchik, M.D.

Visiting Radiologists

Lucy F. Squire, M.D.
Stanley M. Wyman, M.D.

Assistant Radiologists

Gerald M. Kolodny, M.D.
Robert F. Rider, M.D.
Milton A. Weiner, M.D.
George F. Zinninger, M.D.

Assistants in Radiology

Peter S. Chen, M.D.
Salvatore A. DeLuca, M.D.
Michael A. Glueck, M.D.
Robert B. Neale, M.D.
Henry B. Showalter, Jr., M.D.
Robert S. Stone, M.D.
James W. Wallace, M.D.
Robert C. Williams, M.D.

Clinical Associates in Radiology

Joseph Hanelin, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.
Majic S. Potsaid, M.D.

Clinical Assistants in Radiology

Roger A. Bauman, M.D.
Reginald E. Greene, M.D.
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
William J. Otto, Jr., M.D.
James A. Peterson, M.D.
James J. Pollard, M.D.
John T. Pollard, Jr., M.D.
Thomas E. Shea, M.D.

Physicist

Edward W. Webster, Ph.D.

Assistant Physicists

Frank P. Castronovo, Jr., Ph.D.
Rosemarie Wipfelder, B.S.

Engineer

Malcolm Mackay

DEPARTMENT OF REHABILITATION MEDICINE

Chief

Donald S. Pierce, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director

Morten Grove-Rasmussen, M.D.

Clinical Director

Charles E. Huggins, M.D.

Clinical Consultants

John P. Remensnyder, M.D.
John T. Truman, M.D.

CONSULTANTS

Consultant in Medicine

Benjamin G. Ferris, M.D.

Consultants in Preventive Medicine
John E. Gordon, M.D. David D. Rutstein, M.D.

Consultant in Tropical Diseases
George C. Shattuck, M.D.

Consultants in Dentistry, Department of Neurology
Richard A. Winer, D.M.D. M. Michael Cohen, D.M.D.

Consultant in Neuropathology
Paul I. Yakovlev, M.D.

Consultants in Psychiatry
Wilfred Bloomberg, M.D. Carola B. Eisenberg, M.D.

Consultant in Forensic Psychiatry
Neil L. Chayet, LL.B.

Consultant in Psychology, Department of Psychiatry
Irving Wolf, Ph.D.

Consultants in Pediatrics
William Berenberg, M.D. Alexander S. Nadas, M.D.
Horace Gezon, M.D. Alfred Yankauer, M.D.

Consultant in Oral Biology, Department of Orthopedic Surgery
Philip T. Levine, D.M.D.

Consultant in Mathematics, Department of Psychiatry
Charles L. Feldman, Sc.D.

Consultant in Chemical Engineering
Edward W. Merrill, D.Sc.

Consultant in Plastic Surgery
Joseph E. Murray, M.D.

Consultant to Surgical Service
Charles C. Lund, M.D.

Consultant in Biophysics in Neurosurgery
Eugene Bell, M.Sc., Ph.D.

Consultants in Engineering Science, Department of Orthopedic Surgery
Robert W. Mann, Sc.D. Igor L. Paul, Sc.D.

Consultant in Pathology
Walter G. J. Putschar, M.D.

Consultants in Radiology

Henry I. Kohn, Ph.D., M.D.
John B. Little, M.D.
Edward B. D. Neuhauser, M.D.
Richard Schatzki, M.D.
Melvin Tefft, M.D.

Consultant in Physics

Robley D. Evans, Ph.D.

HOUSE STAFF

Residents and Interns
As of January 1, 1971

MEDICINE

Chief Resident: John W. Burnside, M.D.

Residents:

Lloyd Axelrod, M.D.
Ann S. Baker, M.D.
John E. Franklin, Jr., M.D.
Robert C. Gibson, M.D.
Robert J. Lefkowitz, M.D.
Jane B. Marmor, M.D.
Robert P. Mogielnicki, M.D.
Marc A. Pohl, M.D.
H. Denman Scott, M.D.

Assistant Residents:

John P. Atkinson, M.D.
Lionel G. Bercovitch, M.D.
Jeffrey S. Borer, M.D.
William F. Crowley, M.D.
Richard D. Gentzler, M.D.
Donald A. Goldmann, M.D.
Edward P. Hoffer, M.D.
Donald J. Krogstad, M.D.
Michael A. Lew, M.D.
Robert L. Marier, M.D.
Raymond J. Matta, M.D.
John D. Mull, M.D.
Richard N. Re, M.D.
William E. Seaman, M.D.
George E. Thibault, M.D.

Interns:

Robert C. Aber, M.D.
Lynn J. Bennion, M.D.
David A. Burton, M.D.
Devron H. Char, M.D.
Philip Cohen, M.D.
Richard I. Fisher, M.D.
Mark H. Greene, M.D.
Stephen B. Howell, M.D.
George Khoury, M.D.
Hayden L. Klaeveman, M.D.
Henry M. Kronenberg, M.D.
Lawrence E. Mallette, M.D.
William L. McGuffin, Jr., M.D.
Thomas G. Murray, M.D.
William B. Ricks, M.D.
Paul C. Simpson, Jr., M.D.
Nancy W. Stead, M.D.
Rose M. Stevens, M.D.

DERMATOLOGY

Assistant Residents:

Carlton S. Brownstein, M.D.
Jean-Pierre Des Groseilliers, M.D.
Terry P. Hadley, M.D.
M. Felix Onwukwe, M.B., B.S.
John A. Parrish, M.D.
Michael M. Pugliese, M.D.

NEUROLOGY

Residents:

Manuel Ramirez-Lassepas, M.D.
Bryan T. Woods, M.D.

Assistant Residents:

Amrik S. Chattha, M.D.
Keith H. Chiappa, M.D.
Patsy B. Cipolloni, M.D.
Gary W. Duncan, M.D.
H. Harris Funkenstein, M.D.
Thomas H. Glick, M.D.
Melvyn L. Haas, M.D.
Joseph Hanaway, M.D.
Ronald M. Kobayashi, M.D.
Richard J. Lederman, M.D.
Victor A. Levin, M.D.
Daniel H. O'Leary, M.D.
Charles R. Plank, M.D.
James A. Schnur, M.D.
Hilda Tawil, M.D.
Roger S. Williams, M.D.

PSYCHIATRY

Assistant Residents:

Robert S. Abernethy, M.D.
William H. Anderson, M.D.
Marvin M. Brode, M.D.
Henry E. Butler, M.D.
Franklin C. Curren, M.D.
Louise A. Dierker, M.D.
Felton J. Earls, III, M.D.
Matthew J. Friedman, M.D.
John D. Gambill, M.D.
Alan J. Gelenberg, M.D.
Jeffrey M. Gilbert, M.D.
Jay H. Holtzman, M.D.
Alan M. Jacobson, M.D.
Ira Lable, M.D.
Gerald K. Lazar, M.D.
Robert J. Mignone, M.D.
John E. O'Malley, M.D.
Michael K. Popkin, M.D.
William G. Prescott, M.D.
Thomas D. Stewart, M.D.
Owen S. Surman, M.D.
Kenneth J. Tardiff, M.D.
Ernesto Vasquez-Amory, M.D.
Sidney Zisook, M.D.

CHILDREN'S

Residents:

Ronald E. Benz, M.D.
Zonda Hildebrand, M.D.
Herbert O. Mathewson, M.D.
Cynthia A. Miller, M.D.
Frederick L. Trowbridge, M.D.

First Assistant Residents:

Barry B. Bercu, M.D.
Paula M. Botstein, M.D.
Charles A. Dinarello, M.D.
Penelope K. Garrison, M.D.
Constance H. Keefer, M.D.
Dennis S. Long, M.D.
Anitra E. Mamen, M.D.
James A. Pollack, M.D.
Elizabeth W. Ridgway, M.D.

Interns:

Carlos C. Campbell, M.D.
Samuel A. Fagenholz, M.D.
Beverly R. Fischer, M.D.
Eileen B. Kahan, M.D.
Gretchen B. Kronenberg, M.D.
Walter L. Miller, M.D.
David C. Osler, M.D.
William C. Torch, M.D.
Charles J. Wibblesman, M.D.

SURGERY

Chief Residents:

William M. Abbott, M.D.
Douglas M. Behrendt, M.D.
Andrew L. Warshaw, M.D.
Dennis R. Whitlow, M.D.

First Assistant Residents:

Eugene L. Appel, M.D.
Frederick J. Finseth, M.D.
Michael B. Lewis, M.D.
James J. Ryan, M.D.
David R. Stewart, M.D.

Second Assistant Residents:

Ronald M. Abel, M.D.
Alex F. Althausen, M.D.
Max H. Cohen, M.D.
Delos M. Cosgrove, III, M.D.
Joe M. Craver, M.D.
Bruce St. J. Cutler, M.D.
Anthony L. Imbembo, M.D.
Fredric Jarrett, M.D.
Barry D. Kahan, M.D.
Bruce A. MacDougal, M.D.
Robert C. McGann, M.D.
Lawrence J. Mills, M.D.
Charles G. Mixter, M.D.
Richard S. Myers, M.D.
William U. Shipley, M.D.
Robert W. Sloane, Jr., M.D.
Everett V. Sugarbaker, M.D.
Joshua J. Tofield, M.D.
Thomas J. VanderSalm, M.D.
John P. Welch, M.D.
John R. Wesley, M.D.
William C. Wood, M.D.

Third Assistant Residents:

Kenneth G. Barron, M.D.
George P. Bloom, M.D.
Benjamin E. Cohen, M.D.
Joel J. Feldman, M.D.
Michael R. Harrison, M.D.
Alan D. Hilgenberg, M.D.
James W. May, Jr., M.D.
Joel M. Noe, M.D.
John A. Ryan, Jr., M.D.
Samuel L. Selinger, M.D.
Phillip A. Stone, M.D.
Samuel D. Stulberg, M.D.

Interns:

Cary W. Akins, M.D.
Peter M. Black, M.D.
Douglas Bunting, III, M.D.
Woodward Cannon, M.D.
Michael A. Gimbrone, Jr., M.D.
Herbert C. Hoover, Jr., M.D.
Michael M. Lieber, M.D.
Michael L. Meistrell, M.D.
Kenneth H. Ott, M.D.
Donald O. Quest, M.D.
Eugene A. Quindlen, M.D.
John H. Raaf, M.D.
Andrew P. Saunders, M.D.
Robert L. Thurer, M.D.

NEUROSURGERY

Chief Resident: Paul L. Kornblith, M.D.

Assistant Residents:

Paul H. Chapman, M.D.
Robert M. Crowell, M.D.
Jaime E. Espinosa Urrutia, M.D.
Ronald W. Hurt, M.D.
George E. Mendelsohn, M.D.
Howard A. Richter, M.D.
Henry H-H Schmidek, M.D.
R. Michael Scott, M.D.
Edward C. Tarlov, M.D.

ORTHOPEDIC SURGERY

Chief Residents:

Ronald H. Geiger, M.D.
Robert E. Steele, Jr., M.D.

Residents:

Dineshkumar G. Patel, M.B.B.S.
John R. Ream, Jr., M.D.

Assistant Residents:

Carlton M. Akins, M.D.
Philip Bernstein, M.D.
Michael A. Drew, M.D.
Hyman Glick, M.D.
John A. Herring, M.D.
Subramanyan Jayasankar, M.B.,B.S.
Joel M. Kanter, M.D.
Angelo J. Lopano, M.D.
Stanley Liebowitz, M.D.
Charles R. McCrae, M.D.
Raymond T. Morrissy, M.D.
Howard S. Schwartz, M.D.
Barry P. Simmons, M.D.
David P. Simmons, M.D.
Kenneth M. Singer, M.D.
Bertram Zarins, M.D.

UROLOGY

Chief Residents:

Stephen P. Dretler, M.D.
Donald G. Skinner, M.D.

First Assistant Residents:

David L. McCullough, M.D.
John Ravera, M.D.
Abraham M. Santacruz, M.D.

Second Assistant Residents:

Estill L. Caudill, III, M.D.
Anthony W. Middleton, Jr., M.D.

PATHOLOGY

First Assistant Residents:

Eugene J. Mark, M.D.
Arthur S. Schantz, M.D.
Alan L. Schiller, M.D.

Second Assistant Residents:

Robert B. Colvin, M.D.
John S. Kaiser, M.D.
Stephen W. Parker, M.D.
Robert O. Petersen, M.D.
Miguel J. Stadecker, M.D.

Third Assistant Residents:

Thomas M. Chesney, M.D.
Philip B. Clement, M.D.
William J. Cornetta, III, M.D.
John J. Godleski, M.D.
Vera C. Hyman, M.D.
John C. Long, M.D.
Lawrence J. Minette, M.D.
Karl H. Proppe, M.D.
Bruce D. Ragsdale, M.D.

Interns:

Edwin N. Beckman, M.D.
Jeffrey S. Ross, M.D.
Daniel A. Symonds, M.D.

ANESTHESIA

Chief Resident: Allan M. Katz, M.D.

Assistant Residents:

Saliem M. Abrahams, M.B., Ch.B.
Karl E. Becker, M.D.
Edward A. Beierholm, M.D.
David A. Bittar, M.D.
Albert M. Broennle, Jr., M.D.
Ronald E. Brons, M.D.
Jose A. Campo, M.D.
Han Twu Chiang, M.D.
Lambertus J. Drop, M.D.
Alison B. Froese, M.D.
Eran Geller, M.D.
D. David Glass, M.D.
Jay G. Hayden, M.D.
Su-Ryong Hur, M.D.
Adly H. Iskandar, M.B., B.Ch.
James J. Jovenich, M.D.
Jin W. Kim, M.D.
Michael C. Long, M.D.
Eduardo Mancini, M.D.
William D. Owens, M.D.
Kyung M. Park, M.D.
Javier Ramirez-Acosta, M.D.
Lamar W. Riggs, M.D.
James T. Roberts, M.D.
Jose S. Villanueva, M.D.
Joachim W. VonPohl, M.D.
William F. Wheeler, Jr., M.D.
Alain S. Wu, M.D.
Hideyasu Yoshikawa, M.D.
Chang Ho Youn, M.D.
Thomas K. Young, M.D.
Warren M. Zapol, M.D.
Frank G. Zavisca, M.D.
Carol E. Zimmerman, M.D.

RADIOLOGY

Chief Resident: Karl T. Benedict, M.D.

Residents:

John R. Fischer, M.D.
Philip M. Hatfield, M.D.
Sidney P. Kadish, M.D.
David A. Kumpe, M.D.
Jack E. Meyer, M.D.
Jeffrey H. Newhouse, M.D.
Alan F. White, M.D.

First Assistant Residents:

Spencer Borden, IV, M.D.
W. Robert Courey, M.D.
Lawrence M. Kotner, Jr., M.D.
Charles S. Langston, M.D.
Richard W. Livesay, M.D.
John D. Osmond, M.D.
Robert Ring, III, M.D.
Jeffrey Rudnick, M.D.
Larry J. Severson, M.D.
Edward R. Sun, M.D.
John H. Sutphen, M.D.
Larry H. Westerfield, M.D.

Second Assistant Residents:

Jason C. Birnholz, M.D.
Ronald E. DeCesare, M.D.
Ronald L. Eisenberg, M.D.
Stephen W. Miller, M.D.
Hartley S. Neel, M.D.
Robert A. Novelline, M.D.
Susan W. Pitman, M.D.
Ernest J. Ring, M.D.
David J. Rushforth, M.D.
Jack B. Sewell, M.D.
Warren Sewall, M.D.

ORAL SURGERY

Residents:

R. Bruce Donoff, D.M.D.
Steven M. Roser, D.M.D.

Assistant Residents:

Leonard B. Kaban, D.M.D.
Thomas B. Kilgore, D.M.D.
Edward B. Seldin, D.M.D.

Intern:

Robert M. Gracia, D.M.D.

CLINICAL AND RESEARCH FELLOWS

MEDICINE

Visiting Fellows:

Reginald C. Hughes, Ph.D.
Horacio R. C. Menano, M.D.
Edward F. Woods, M.S.

Fellows:

Qais S. Al Awqati, M.B., Ch.B.
Faiq J. Al-Bazzaz, M.B., Ch.B.
Nathaniel M. Alpert, Ph.D.
Paul W. Armstrong, M.D.
Bernard R. Aserkoff, M.D.
Frederick D. Austin, III, M.D.
Josep Avruch, M.D.
Joseph D. Babb, M.D.
Andranik Bagdasarian, Ph.D.
Robert J. Baker, Ph.D.
Richard E. Belsey, M.D.
Jerrold G. Bernstein, M.D.
Webb E, Braselton, Jr., Ph.D.
Donald J. W. Burns, Ph.D.
Lawrence R. Burwell, M.D.
Jose L. Cevallos, M.D.
William C-Y Cheng, Ph.D.
David A. Chesler, Sc.D.
Carolyn M. Chesney, M.D.
Philip T. Cole, M.D.
Richard Cornell, M.D.
Yves Courtois, Ph.D.
Neil A. Crane, M.D.
Lloyd A. Culp, Ph.D.
Betty A. Davidson, Ph.D.
Leonard J. Deftos, M.D.
Zareh N. Demirjian, M.D.
James J. Dineen, M.D.
William E. Dismukes, M.D.
John D. Dougherty, M.D.
Adrian P. Douglas, M.B., B.S.
William B. Dunkman, M.D.
Ronald D. Emkey, M.D.
Jack E. Farnham, M.D.
Katherine A. Finseth, M.D.
Jorge Flores-Calle, M.D.
Henry C. Ford, Ph.D.
Alan A. Gamble, Ph.D.
Shankar L. Garg, M.D.
Rebecca C. Garland, Ph.D.
Edward B. Gilmore, M.D.
George J. D. Girey, M.D.
Herman K. Gold, M.D.
Maury A. Goldman, M.D.
Reginald E. Greene, M.D.
Alfred C. Greenquist, Ph.D.
Timothy E. Guiney, M.D.
Joel F. Habener, M.D.
Victor B. Hatcher, Ph.D.
Martin S. Hirsch, M.D.
Ulrich Hopfer, Ph.D.
Yigal S. Horowitz, Ph.D.
Ray T. Huffman, M.D.
Jean-Claude Jaton, Ph.D.
Robert E. Kahn, M.D.
Harry D. Kaloustian, M.D.
Carol A. Kandall, Ph.D.
Joan C. Kaplan, Ph.D.
Adolf W. Karchmer, M.D.
Richard L. Katzman, Ph.D.
Henry T. Keutmann, M.D.
Kenneth R. Krauss, M.D.
Allen Lapey, M.D.
Michael Lawrence, M.D.
Loretta D. Lee, Ph.D.
Louis B. Levovsky, M.D.
Anthony D. C. Macknight, M.B., Ch.B.
Carlos A. Marcilio, M.D.
Larry S. Milner, M.D.
Kenji Miyai, Ph.D.
Timothy M. Murray, M.D.
Nasir-Ud-Din, Ph.D.
Hugh D. Niall, M.D.
Donald S. O'Hara, Ph.D.
John L. Ohman, Jr., M.D.
Normand E. Olivier, M.D.
Suzanne Oparil, M.D.
Arnold L. Oronsky, Ph.D.
Asli Ozer, Ph.D.
David K. Parkinson, B.M., B.Ch.
David W. Parsons, M.D.
James I. Peters, Jr., M.D.
Willy F. Piessens, M.D.
Stephen M. Pizer, Ph.D.
John D. Pool, M.D.
David A. Powell, M.B., B.Ch.
Edwin L. Prien, Jr., M.D.
Max R. Proffitt, Ph.D.

Peter R. Raggatt, Ph.D.
Daniel J-P Raulais, Ph.D.
Vernon N. Reinhold, Ph.D.
Stanley J. Reiser, M.D.
Eli C. Ridgway, III, M.D.
Leonard J. Rosenthal, Ph.D.
Henry Rothschild, Ph.D.
Joel J. Rubenstein, M.D.
Wolfgang W. Schmidt-Nowara, M.D.
Gunter Schwarzmann, Ph.D.
Gino V. Segre, M.D.
Richard Selden, M.D.
Edward M. Sellers, M.D.
Mohammed A. Shaban, Ph.D.
Neil S. Shore, M.D.
Jay B. Shumaker, M.D.
Frederick R. Singer, M.D.
Laurence J. Sloss, M.D.
Robert S. Smith, M.D.
Michael R. Soper, M.D.
Daniel E. Souder, M.D.
Arthur D. Strosberg, Ph.D.
Shirley W. Thenen, Ph.D.
Janet Thorndike, Ph.D.
Nina E. Tolkoff, M.D.
Bryan P. Toole, Ph.D.
Geoffrey W. Tregear, Ph.D.
Robert C. Turner, M.B., Ch.B.
Lubomir J-V Valenta, Ph.D.
Kedar N. Verma, M.B.B.S.
Wilhelm J. Vetter, M.D.
Robert A. Wainer, M.D.
William A. Walker, M.D.
Christopher D. Warren, Ph.D.
Allan J. Weinstein, M.D.
Gordon C. Weir, M.D.
Myron L. Weisfeldt, M.D.
James T. Willerson, M.D.
Jonathan R. Williams, Jr., M.D.
Ferdinand Wirtz-Peitz, Ph.D.
Mitsuo Yano, M.D.
Rudolf Zacest, M.B.,B.S.

DERMATOLOGY

Gary J. Brauner, M.D.
William A. Crutcher, M.D.
Kowichi Jimbow, M.D.
Sheldon R. Pinnell, M.D.

NEUROLOGY

Aureliu J. Acher, Ph.D.
Margaret L. Bauman, M.D.
Ewa E. Chelmicka, M.D.
Michel H. DesRosiers, M.D.
Elizabeth C. Dooling, M.D.
Montonori Hoshi, Ph.D.
Juan L. Jammes, M.D.
Donald J. Kurtz, M.D.
Srinivasa S. Raghavan, Ph.D.
Maria V. Salam, M.D.
Renato V. Sartori, M.D.
John R. Seals, M.D.
Masoud Shahidi, M.D.
William T. Thach, Jr., M.D.
Antonio J. Vitug, M.D.
Joseph J. Volpe, M.D.
Edward R. Wolpow, M.D.

NEUROPATHOLOGY

Jacques L. DeReuck, M.D.
Herbert H. Schaumburg, M.D.

PEDIATRICS

Alia Y. Antoon, M.B., Ch.B.
Nancy L. Day, M.P.H.
Judith P. Gieske, M.D.
Urs J. Hanggi, Ph.D.
Alberto Hayek, M.D.
John T. Herrin, M.R.A.C.P.
Lee B. Jacoby, Ph.D.
G. Eric Knox, M.D.

Allen Lapey, M.D.
Seid A. Mirhosseini, M.D.
Hiroyuki Nakamura, Ph.D.
Joseph D. Pierson, M.D.
Koki Sato, Ph.D.
Ronald S. Slesinski, Ph.D.

PSYCHIATRY

Visiting Fellow:

Walter L. Stiehl, M.D.

Fellows:

Anne W. Alonso, M.Ed.
Terry R. Anders, Ph.D.
Yael E. Babad, Ph.D.
Jean-Paul Banquet, M.D.
Brian B. Bouton, M.D.
Maria J. Bustamante, M.A.
John T. Carr, M.D.
Nicholas A. Casaburi, M.D.
Edwin H. Cassem, M.D.
Carlos E. Climent, M.D.
Suzanne L. Cohen, M.Ed.
Ellen P. Daniels, M.Ed.
Jose-Luis Diaz, M.D.
Michael H. Ebert, M.D.
Simon T. Eisen, M.B.B.S.
Arthur P. Froese, M.D.
Eleanor Z. Hanna, Ph.D.
Robert H. Hicks, Jr., M.D.
Nathaniel R. Hollister, M.D.
Matti O. Huttunen, M.D.
Manfred Karobath, M.D.
Arlene M. Katz, M.S.
Joseph F. Lipinski, M.D.
Robert J. Loftus, M.A.
Priscilla C. Mason, M.A.
William J. McEntee, M.D.
Michael D. Murphy, M.B., B.Ch.
Harvey A. P. Myers, M.D.
Michael H. Nelson, M.D.
Steven L. Nickman, M.D.
Lawrence W. Osborn, M.D.
Takkallapelli D. Rao, M.B.,B.S.
W. Kenner Rawdon, M.D.
Lawrence M. Razavi, M.D.
Loren H. Roth, M.D.
Gerard H. Rothschild, M.A.
Janusz A. Rydzewski, M.D.
Mechthild G. Schulte, M.D.
Geri W. Steiner, Ph.D.
Lois J. Steingarten, Ph.D.
Verner Stillner, M.D.
Melvin W. Williams, M.D.

SURGERY

Visiting Fellow:

Farrokh Saidi, M.D.

Fellows:

Conrad A. Baldamus
Jaleh Bashir-Farahmand, M.D.
Marbella B. Bianco, M.D.
Conrado C. Bondoc, M.D.
Joel D. Cooper, M.D.
Patricia K. Donahoe, M.D.
Albert J. Erdmann, M.D.
Thomas C. Fuller, Ph.D.
Hiromichi Hattori, M.D.
James M. Hill, Ph.D.
Kyuya Ishibiki, M.D.
Somarie V. Jooste, M.Sc.
Yoichiro Kakumoto, M.D.
Kamlesh Varma, M.B.B.S.
Oyvind Leivestad, M.D.
Masazumi Maeda, M.D.
Ian F.C. McKenzie, M.D.
Roger A. Nahas, M.B., B.Ch.
Joseph O. Oluwasanmi, M.B., B.S.
Hytho H. Pantazelos, M.D.
Janet M. Plate, M.D.
Barry A. Ross, M.B., B.S.
Hugh E. Scully, M.D.
Ewa Skopinska, Ph.D.
Marek J. Skoskiewicz, M.D.
Hiroshi Suzuki, M.D.
Theo J. VanVroonhooven, M.D.
Pavel Vancura, M.D.

NEUROSURGERY

Kazuyoshi Amano, M.D.
Hiroshi Hatanaka, M.D.
Nghia C. Nguyen, M.D.
Joe M. Parks, Ph.D.

Charles E. Poletti, M.D.
Iris S. Polinger-Cantor, Ph.D.
Philip Siegel, M.D.
Manit Sujatanond, M.D.
Hiroshi Tsutsumi, M.D.

ORTHOPEDIC SURGERY

Robert L. Allred, M.D.
Dennis G. Cole, M.D.
Richard D. Coutts, M.D.
David R. Eyre, Ph.D.
Lyle A. Davis, M.D.
Hayato Hirotani, M.D.
Thomas H. Mallory, M.D.
James P. McElhinney, M.D.
Lewis H. Millender, M.D.
Setsuo Ninomiya, M.D.
Howard G. Parker, M.D.
Mirjana Rabadjija, M.D.
Eric L. Radin, M.D.
Masako Sakamoto, Ph.D.
Seizaburo Sakamoto, Ph.D.
Manouchehr S. Shirazi, M.D.
Alan R. Spector, Ph.D.
Athena Stavropoulos, Ph.D.
Barry O. Weightman, B.Sc.
Jesse M. Weinger, M.D.

PATHOLOGY

Juanito B. Billote, M.D.
John B. Blennerhassett, M.B., Ch.B.
James J. Daly, M.D.
Umberto DeGirolami, M.D.
Francisco J. Fierro, M.D.
Mohammad H. Karimi-Nejad, M.D.
Neil S. McNutt, M.D.
Martin C. Mihm, Jr., M.D.
Robert L. Trelstad, M.D.

RADIOLOGY

Arnold J. Altman, M.D.
Geun C. Jang, M.D.
Roberto B. Jimenez, M.D.
Kook Sang Oh, M.D.
Willard J. Visek, M.D.

ANESTHESIA

Hassan H. Ali, M.B., B.Ch.
John H.L. Bland, M.D.
Doreen R.G. Browne, M.B.B.S.
Phool Chandra, M.B.B.S.
Arthur E. Chow, M.B.B.S.
Neville J. Davis, M.B.B.S.
Jane E. Denton, M.D.
Konrad R.J. Falke, M.D.
Miroslawa T. Jasinska, M.D.
Anil Kumar, M.B.B.S.
Demetrios G. Lappas, M.D.
L.A.S. Lemmer, M.B., Ch.B.
Alix Mathieu, M.D.
Nancy J. McCullough, M.D.
Helmuth C. Mehmel, M.D.
Yousef S. Mobarek, M.B., Ch.B.
Barry E. Olson, M.D.
Marian J. Rice, M.B., B.Ch.
Wayne L. Settle, Ph.D.
Katherine A. Shaw, M.D.
Pennathur Sundaram, M.B.B.S.
S.K. Szyfelbejn, M.D.
Apostolos A. Triantaphyllidis, M.D.
Bernadette Trichet, M.D.
Matthys J. Ungerer, M.B., Ch.B.
Suzanne S. Webb, M.D.
Mitsuo M. Yokoyama, M.D.

BIOCHEMICAL RESEARCH

Harry D. Price, Ph.D.
Yousuke Seyama, M.D.

UROLOGY

Oswaldo A. Perez, M.D.

McLean Hospital

List of officers and staff of McLean Hospital begins on page 235.

Massachusetts Eye and Ear Infirmary

ADMINISTRATION

Director
Charles T. Wood

Associate Director
Raymond W. Lyons

Assistant Directors
James Hamill
Samuel S. Drury

Director of Personnel
William F. Hayward

Public Relations
Mrs. Loretta M. McLaughlin

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

Chief of Ophthalmology
Henry F. Allen, M.D.

Surgeons in Ophthalmology

Carl C. Johnson, M.D.
Earl S. Seale, M.D.
Harry E. Braconier, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Taylor R. Smith, M.D.
Karl Riemer, M.D.

Associate Surgeons in Ophthalmology

W. Morton Grant, M.D.
Henry A. Mosher, M.D.
Robert J. Brockhurst, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Ichiro D. Okamura, M.D.
Charles D.J. Regan, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
David D. Donaldson, M.D.

Assistant Surgeons in Ophthalmology

John M. Hill, M.D.
D. Robert Alpert, M.D.
S. Arthur Boruchoff, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.
Byron S. Lingeman, M.D.
George M. Olive, Jr., M.D.
Richard J. Simmons, M.D.
Baruch J. Sachs, M.D.
Ralph H. Hinckley, M.D.
Michael Wiedman, M.D.
John R. Gehring, M.D.
Carl G. Freese, Jr., M.D.
Robert C. Lawlor, M.D.
J. Wallace McMeel, M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Eliot L. Berson, M.D.
Charles K. Beyer M.D.
Frederic B. Breed, M.D.
John M. Carroll, M.D.
Eugene C. Ciccarelli, M.D.
Albert R. Frederick, Jr., M.D.
H. Mackenzie Freeman, M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
Alexander R. Gaudio, M.D.
Roland E. Houle, M.D.
Paul D. Hurley, M.D.
B. Thomas Hutchinson, M.D.
Joseph C. Kim, M.D.
Robert S.L. Kinder, M.D.
Mohandas M. Kini, M.D.
Arnold J. Kroll, M.D.
Brent W. Lambert, M.D.
Deborah P. Langston, M.D.
George W. Lazenby, M.D.
Howard M. Liebowitz, M.D.
Irwin T. Mancall, M.D.
Ernst J. Meyer, M.D.
Joseph Michon, Jr., M.D.
David Miller, M.D.
Robert A. Petersen, M.D.
Silvio R. Pirquet, M.D.
Ronald C. Pruett, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
John G. Sebestyen, M.D.
Richard A.P. Thoft, M.D.
David S. Walton, M.D.
Donald R. Weis, M.D.
*Shirley H. Wray, M.D.

Ophthalmic Pathology

Toichiro Kuwabara, M.D., Assistant

Associate Staff – Ophthalmology

Eeva-Liisa Martola, M.D.
Elliot M. Finkelstein, M.D.
Joel A. Kraut, M.D.
Harvey H. Slansky, M.D.

Consulting Chiefs of Ophthalmology

Edwin B. Dunphy, M.D.
Paul A. Chandler, M.D.
David G. Cogan, M.D.

Senior Consulting Surgeons

Trygve Gundersen, M.D.
William P. Beetham, M.D.
Virgil G. Casten, M.D.
Brendan D. Leahey, M.D.
Mahlon T. Easton, M.D.

*Neuro-Ophthamology

Albert E. Sloane, M.D.
Francis J. West, M.D.
Joseph M. Clough, M.D.
Garrett L. Sullivan, M.D.

Honorary Staff – Associate Surgeon in Ophthalmology
Charles H. MacLaughlin, M.D.

Honorary Staff – Assistant Surgeons in Ophthalmology
Paul G. Haire, M.D.
Linley C. Happ, M.D.
Julian F. Chisholm, Jr., M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.
Paul M. Runge, M.D.

Senior Consulting Ophthalmic Pathologist
Parker Heath, M.D.

DEPARTMENT OF OTOLARYNGOLOGY

Chief of Otolaryngology
Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

John E. McKeigue, M.D.
Bernard Zonderman, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.
William W. Montgomery, M.D.
Robert E. Klotz, M.D.

Associate Surgeons in Otolaryngology

Aram Roopenian, M.D. (1)
Sidney R. Wilker, M.D.
William L. Hayden, M.D.
Robert H. Lofgren, M.D.
Thomas R. Klein, M.D.
Alfred L. Hurst, M.D.
Werner D. Chasin, M.D.
Louis E. Griffey, M.D.
Roy A. Johnson, M.D.
Richard R. Gacek, M.D.

Assistant Surgeons in Otolaryngology

Elizabeth DeBlois, M.D.
Hugo D. Angelini, M.D.
Geza J. Jako, M.D.
John C. Trakas, M.D.
Allan G. Edwards, Jr., M.D.
John M. Kurkjian, M.D.
Mendell Robinson, M.D.
Albert Weiser, M.D.
Yale J. Berry, M.D.

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Robert V. Cheren, M.D.
Robert W. Clubb, M.D.
Charles W. Cummings, M.D.
Lawrence S. Hirsch, M.D.
C. Edward Jackson, M.D.
Clarence E. Kylander, M.D.
Rufus C. Partlow, Jr., M.D.
David L. Pierce, M.D.
Sydney Shore, M.D.
Herbert Silverstein, M.D.
Morris Swartz, M.D.
Alfred D. Weiss, M.D. (2)
Donald G. Keamy, M.D.

(1) Plastic Operations
(2) Neurology

Assistant in Plastic Surgery
Howard M. Ecker, M.D. (1)

Otolaryngologic Pathology
Max L. Goodman, M.D. *Director*

Associate Staff
Eugene H. Courtiss, M.D. (1)
Daniel J. Reagan, M.D.

Honorary Staff
Herman J. Sternstein, M.D., Associate Surgeon
Charles Kent, M.D., Associate Surgeon
Frank W. Brady, M.D., Assistant in Otolarynology

Consulting Chief of Otolaryngology
LeRoy A. Schall, M.D.

Senior Consulting Surgeons

Frederick L. Bogan, M.D.
Philip Mysel, M.D.
Moses H. Lurie, M.D.
Robert L. Goodale, M.D.
Carl H. Ernlund, M.D.
Charles H. Allman, M.D.
Maurice G. Evans, M.D.
Francis L. Weille, M.D.
Vincent J. Kelley, M.D.
Edgar M. Holmes, M.D.
Walter J.E. Carroll, M.D.
John R. Frazee, M.D.
John R. Richardson, M.D.
J. Charles Drooker, M.D.

Senior Consulting Surgeon
For Plastic Operations
Varaztad H. Kazanjian, M.D.

ANESTHESIA, RADIOLOGY DEPARTMENTS

Acting Director of Anesthesiology
Ismail Sensel, M.D.

Assistant Anesthesiologists
Thomas J. Keenan, M.D.
Erhan Erdem, M.D.

Director of Radiology
Alexander S. Macmillan, Jr., M.D.

Consultant in Internal Medicine
Richard A. Field, M.D.

Microbiologist
Anita Mangiaracine

(1) Plastic Operations
(2) Neurology

One Hundred and Fifty-Seventh Annual Report of the Trustees

The year 1970 was an active one for the Trustees as a result of further extension of the hospital into the community. Hardly a day in the year passed that one of the twelve-man Board was not called to sit with the administration and staff to assist in the resolution of a policy situation or a community relations problem. Twenty-five years ago the news media showed little interest except at the time of a major disaster. The press and radio first took cognizance of the hospital's research program and community role at the time of the Cocoanut Grove Fire in 1942. Wars and epidemics further drew the attention of the community to what the MGH could do in a crisis to relieve suffering. Today the press, radio and television are daily seeking information on a great variety of subjects. Medical and scientific news head the list. There is great interest in the hospital's policy position vis-a-vis third-party payers, national goals with respect to the delivery of health care, the hospital's role as a teaching institution, to name only the most obvious. The General Director, the Chairman of the Board, and the Chairman of the General Hospital Committee communicate frequently through the week to establish or confirm the hospital's position. As a result of the increase of information available about the hospital, the community feels more than ever that it has a share in the future. This has been further developed by the extension of the fund raising program and the financial participation of nearly 80,000 people in the development program.

For the first time in 1970 the immediate neighbors of the hospital, organized under the leadership of the Beacon Hill Civic Association, showed an interest in the planning of the MGH of the future. The point at issue in 1970 was the design of two parking garages to be built on the open parking lots immediately south of the White Building, extending to Cambridge Street. At first the hospital questioned the role that might be played by outsiders, but soon realized that the hospital had much to gain by the suggestions of its neighbors and by closer coordination with City Hall and the Boston Redevelopment Authority. As a result of this experience, a new standing committee of the Trustees for Planning and Building was authorized and appointed. They met and reported to the Trustees frequently during the last quarter of the year, and as a result of close coordination and consultation with the outside community agencies, an

agreement had been reached before the end of the year so that new garages to hold 1350 cars were authorized and financed with construction scheduled to commence early in 1971. The rapid inflation in the cost of the delivery of health care, which was now recognized as a national issue, suggested to the Trustees the wisdom of an even more critical review of the annual operating budget to reassure the Trustees and the community that every effort was being made to contain costs and hold the line on patient charges wherever possible. To accomplish this a new standing committee of the Trustees for Budget and Finance was authorized and approved and met frequently during the closing months of the year.

The Joint Commission on Hospital Accreditation met for two days at the hospital in November and carefully explored every detail of the hospital's management. Their report endorsed every aspect of the hospital's program save one. Storrow House, the convalescent hospital located in Lincoln, Massachusetts, came in for serious criticism. The fire prevention equipment was considered grossly inadequate, and the Commission's recommendation, which is the equivalent to a mandate, required the immediate installation of automatic sprinklers. After consultation with contractors and sprinkler engineers, cost estimates were presented, but due to the inadequacy of water pressure and of the mains themselves, the installation costs were prohibitive. There was also an indication of additional changes that would be required in the following years. The Trustees and the General Director spent hours discussing alternative plans for operating the facility and reluctantly came to the conclusion that the only solution was to close Storrow House and put the property up for sale.

In October a new link between the hospital and the community was opened at the Walter E. Fernald State School. For more than five years the school and the hospital have been affiliated, and the research program at the school has been directed by the Chief of Neurology Service and the Director of the Joseph P. Kennedy, Jr. Laboratories at the hospital. To further improve patient care, teaching and research at the school, a new research laboratory and clinical evaluation building, built with state-federal funds was opened and dedicated in October. It carries the name of Eunice Kennedy Shriver Center in recognition of Mrs. Shriver's work for the mentally retarded.

Also, in the closing months of the year a formal affiliation between the hospital and the Department of Mental Health of the Commonwealth of Massachusetts was signed, which specified the

arrangements for staffing of the new Erich Lindemann Hospital, a psychiatric hospital operated by the Commonwealth in the Government Center. The MGH has no financial responsibility for the construction, equipment or operation of the new facility, however, the staffing will be the responsibility of the Department of Psychiatry at the MGH and Harvard. As a first step, Dr. Gerald L. Klerman, Professor of Psychiatry at the Harvard Medical School and a member of the Department of Psychiatry at the hospital, was selected to be Superintendent of the new hospital. He arrived on the scene in September.

One major staff appointment was made by the Trustees during the year. Dr. Herman Suit of the M. D. Anderson Hospital in Houston, Texas, was selected by a Joint Committee with Harvard to be the first Professor of Radiation Therapy at the MGH and the first Chief of a new Department of Radiation Medicine. He will come to the hospital in the autumn of 1971 and will occupy temporary quarters until the new Cancer and Radiation Therapy Center is built.

Plans for the new Cancer and Radiation Therapy Center are proceeding somewhat ahead of schedule and fund-raising for the center has attracted broad community support. With inevitable changes and additions to the building, the Planning and Building Committee estimates final costs at fifteen million dollars.

During the summer the Trustees authorized the selection of an architect to make preliminary studies for new medical wards and general medical service offices to replace those that have been in the Bulfinch for 150 years; also one floor for offices and laboratory for general surgery, all to be located in the unfinished tower of the Gray Building.

The two Trustees' advisory committees met during the year and helped the Trustees with determination of policy in two important cases. The Advisory Committee on Research and the Individual met in May and recommended modification in guidelines for human studies which were adopted by the Trustees. The Scientific Advisory Committee met in December. Two new members, Dr. George Klein, Head of the Department of Tumor Biology at the Karolinska Institutet, Stockholm, Sweden, and Dr. Edward L. Tatum, Professor of Biochemical Genetics at the Rockefeller University, met for the first time with this committee and will serve for three years. The deliberations of these two Trustees' advisory committees were attended by members of the Board and the recommendations of the two bodies make a significant contribution to the research policy of the hospital.

During the year Dr. Melvin J. Glimcher, the first full-time Chief of

the Orthopedic Service, resigned to accept a position at the Children's Hospital and a Joint Committee with Harvard was appointed to choose his successor.

In August the Director Emeritus, Dr. Nathaniel W. Faxon, celebrated his 90th birthday and was the recipient of hundreds of greetings from the MGH family.

We record with the greatest regret the deaths of three members of the Corporation: Francis P. McCarthy, M.D., who was appointed a Trustee by Governor Dever and served from 1949-1952; Mrs. Abbot Stevens, a generous friend of the MGH whose gifts in memory of her husband built the Diagnostic Center on Gray 2; and Mrs. David B. Arnold, who for many years was Chairman of the Ladies' Visiting Committee and a member of the LVC since 1928.

At the annual dinner meeting of the Corporation in December, Dr. Kenneth T. Bird spoke on "Telediagnosis." He was recognized as the author and developer, with assistance from the Veterans Administration and the administration of the hospital, of this new diagnostic tool which will bring the special expertise of the MGH into the surrounding hospitals and health centers of New England during the next decade.

Dr. Edward Maynard spoke most interestingly about his year spent at the Mulago Hospital in Kampala, Uganda.

Dr. Knowles has once again guided the great MGH leviathan through rough and calm seas without compromise of excellence in patient care, teaching, and research. The Trustees are ever grateful to him for his advice and support.

At the McLean Hospital, perhaps one of the major happenings of the year was a significant drop in the average inpatient census which in turn caused the first substantial operating deficit there in many years.

Oddly enough, the drop in census came at a time when the admission rate was higher than it has been at any time in history. However, a much shorter average length of stay caused the census drop, thanks to increased efficiency in admissions procedures, evaluation, treatment and discharge planning. Another important factor was the amount of insurance covering hospitalizations.

A carefully worked-out plan went into effect designed to increase the admission rate even further and at the same time cut costs wherever possible, particularly in those programs which were designed for large numbers of patients being in the hospital for long periods of time.

The plan worked. Without increasing the average length of stay,

the daily-census average was lifted dramatically by the end of the year, and many of the cost-reduction plans had been put into effect.

Approval was received from the National Institute of Mental Health for a grant of $321,000 for the Hall-Mercer Building of the McLean Children's Center with construction expected to start in the spring of 1971.

As was expected it didn't take long to reach the peak enrollment of 23 at the new Halfway House, acquired to serve as a transitional base for many former McLean inpatients.

The Arlington School became the first school of its kind as part of a psychiatric hospital to be fully accredited. This was done during the year by the New England Association of Colleges and Secondary Schools.

The Trustees are grateful to Dr. deMarneffe whose imaginative leadership and resourcefulness has carried the McLean Hospital through a difficult year.

SIDNEY R. RABB
G. LAMAR CRITTENDEN
For the Trustees

Report of the General Director

It is an honor to submit the Annual Report of the Hospital for the year 1970, my ninth as General Director.

The year has seen us intensively involved with the planning of three major developments:

1. A new Department of Radiation Medicine and the facilities to house new functional departures in the care and treatment of patients with cancer; coincident with this will be an expansion and intensification of our training and research efforts;

2. The rejuvenation of the facilities available to the Department of Medicine which will involve moving the Medical Service from its wards and offices in the Bulfinch to the tower (floors 6 through 9) of the new Gray Building;

3. The building of parking garages on the south side of the hospital facing Cambridge Street.

The year has seen us advancing on many interesting fronts. In addition to the above, we have stepped up our efforts in the development of computers and of television. The Laboratory of Computer Science under the direction of Dr. G. Octo Barnett continues to search for uses of the computer in all areas of the hospital with the ultimate aim to improve the various and diverse functions of the MGH. In the past several years (in addition to the long-established use of computers in the Accounting Department) the computer has been introduced in the operations of the hospital for the purpose of automating the Clinical Chemistry and Bacteriology Laboratories, the patient admitting and discharge cycle, and history-taking of patients in the Clinics. Uses of the computer in teaching and training functions, in automating the reporting procedures of the Radiology Department, in enhancing the quality and utilization controls in the care of our patients, and in standardizing at the highest level the care of patients in our Intensive Care Units (respiratory, heart attacks, brain injury and so on) are all under development. The research and rational development of computers in the life of the hospital is supported by the National Institutes of Health. As soon as a computer program proves its worth in improving a hospital function, it is woven into the ongoing operations of the hospital.

An example should be useful here. The laboratory test reporting system developed by the Laboratory of Computer Science is now an integral part of the hospital's operations in the Departments of Clinical Chemistry and Bacteriology. The volume of laboratory tests done on our patients (blood, bodily secretions and so on) is in-

creasing at a rate of 10 to 15 percent a year; last year slightly over 800,000 determinations were made in the Chemistry Laboratory. Some 5,500 clinical and bacteriological laboratory tests are done each day.

The increase in test volume causes a disproportionately larger increase in the problems of routing and collating information within the laboratory. Similarly, the physicians are being presented with a larger volume of information about each patient, and the timely summarization and reporting of this information facilitates patient care.

Chemistry test requisitions arrive in the laboratory and are logged into the computer by clinical lab personnel; the computer produces spin sheets which list the specimens and tests for the appropriate work areas.

Technicians from the different work areas call out their own work sheets which list specimen number and patient identification for each load and cup. At the same time a file is created so that results are entered (percent transmission or final results) in the load and cup order specified on the worksheet.

Reports are printed in the Chemistry Laboratory on medium speed printers twice each day. A change in a patient's data triggers a report at the next printing. Reporting is cumulative over the course of a week, each report supercedes the last, and on Saturday a summary report is printed for inclusion in the permanent medical record. Additional reports are generated during the day for the emergency ward and intensive care units.

The system has been welcomed by our laboratory workers and our physicians and nurses as it enhances the quality of patient care and the efficiency of our operations in collecting, storing and retrieving the multiple pieces of information crucial to the best diagnosis and treatment of our patients. The costs of such developments are more than justified by the benefits to our patients and to the efficiency of the MGH team.

The development of television in medicine offers untold opportunities to meet and resolve the major social issues facing American medicine today – the rising costs, the uneven quality, the maldistribution and inaccessibility of health services. Dr. Kenneth T. Bird has almost single-handedly pioneered the development of "telemedicine," and we now have two-way television between the MGH and our Logan Airport Medical Station and between the MGH and the Bedford Veteran's Administration Hospital. It works! Patients can be interviewed, community physicians can obtain rapid consulta-

tions with our specialists, and patient teaching programs can be carried on (e.g., speech therapy, care of the diabetic patient, etc.). Nearly everything necessary to the best diagnosis and care of the patient can be done via television – except some parts of the physical examination. Skin lesions, blood smears, X rays, electrocardiograms, and heart sounds can be transmitted with as much and frequently more fidelity than the "in-person" situation. I have no doubt that costs of medical care can be reduced, quality of care markedly enhanced, and the problem of inaccessibility and maldistribution of services solved by the appropriate use of television. For example, one MGH specialist can "see" ten patients in consultation with the community physician in the same time that it would take the same physician to see one referral under traditional ways of practicing. The developmental and start-up costs are high, but the long-range savings and improvements in health and medical care cannot (and should not) be denied. In conjunction with computers, regional teaching, training and medical care programs can be structured which will revolutionize the field. Our experience to date has demonstrated almost universal acceptability on the part of both doctors and patients. The problems of privacy, impersonality and inability to touch the patient have proven to be potential or at most minor. The development of computers and television will occupy increasing amounts of our time and energy over the coming decade. The MGH has an admirable opportunity to contribute heavily in these fields.

We have had continuing discussions of our long-range planning to be sure that we allocate scarce resources effectively, reach our goals with greatest efficiency, and remain maximally responsive to the short and long-range interests of our community. Clearly, such planning should not and cannot be done in a vacuum and must be related to the plans of our surrounding community. The "surrounding community" includes:

1. Our actual or potential clientele who want and indeed expect us to provide high quality health services at a reasonable cost and to supply well-educated doctors, nurses and technicians for tomorrow's health needs;

2. The institutions and people who provide health services to the region (i.e., other hospitals, nursing homes, public health units, extended care facilities, doctors in solo or group practice, Visiting Nurse Association, etc.);

3. Our neighbors interested in the renewal of the city such that the quality of urban living can be enhanced;

4. The Harvard Medical School and other educational institutions who look to us to provide the optimal environment for the university functions of teaching and research;

5. Local, municipal, state and federal governments which are responsible for the prudent use of tax monies in purchasing care for the indigent sick (Medicaid), and the elderly (Medicare);

6. Voluntary (Health Planning Council for Greater Boston, Inc.), State (Department of Public Health, Department of Mental Health), and Federal (Hill-Burton Act, Regional Medical Programs), health planning agencies which strive for rational regional planning to improve services and prevent costly reduplication of expensive facilities;

7. The Joint Commission on Hospital Accreditation which accredits us as an institution – evaluating our organization, management, safety, quality of care, etc. on a two-year basis;

8. The Council on Medical Education of the American Medical Association and the Association of American Medical Colleges which review and approve our training programs in the clinical specialties of medicine – at both under-graduate (medical student) and graduate (intern-resident) levels;

9. The National League for Nursing which accredits our School of Nursing; the American Dietetic Association which accredits our School of Dietetics, to name but two of some thirty different professional organizations which influence our activities;

10. The State Boards of Registration in Medicine, Nursing (and Practical Nursing) and other health workers whose requirements for licensure dictate a significant part of the quantity and quality of our training programs;

11. The auditors of some five different interests – our Trustees, the Blue Cross, the Commonwealth of Massachusetts, the Federal Government Auditing Office, the National Institutes of Health (and we have at least one or another group of "outside" auditors in continuous residence throughout the year!).

The Massachusetts Medical Society, the American Medical Association, the American Hospital Association, the various medical and surgical specialty boards all count on us for support or help – and in turn are affected by our policies. In addition, there are countless daily requests for information or advice from other individuals or institutions – public and private – either by telephone or by printed questionnaire.

I list this veritable welter of outside interests and forces, all of which bear heavily on our planning and our capacity to reach our goals, to stress one of the prime problems we face in the decade of

the 1970's at the MGH, i.e., how best to articulate our planning and goals most efficiently with the interests of our community of "outside forces," many of which are in conflict with each other. For example, one group's licensure requirements produce another group's shortage of manpower. Clearly, both interests must be served. The struggle of dealing with conflicting interests can lead to massive inefficiency and unresponsiveness on the one hand, but it can also muddle through with the best answers to complex problems on the other. The approach of the American pragmatist says that the truth is plural and contingent and that whatever works is good. The workings of democracy can be confusing and frustrating, but our forms of freedom offer us all untold opportunities to participate in the resolution of local and national problems. The issue is one of working effectively with all interests which bear on health services and hospitals – marshalling their well-intentioned interest, their help and their support. I am convinced this can be done. Our recent experience with the Beacon Hill Civic Association, the Boston Redevelopment Authority and other interests in the planning of our garages proves the point. A further example is our Cancer and Radiation Therapy Building which has generated tremendous support from our community. Here State Department of Public Health, Federal Department of Health, Education and Welfare (National Cancer Institute), American Cancer Society (Mass. Division), and other Boston hospitals and faculty members have all helped with our plans.

I believe we are approaching the end of a cycle of massive industrial development. We are now passing into a "post-industrial," "technetronic" society which will be oriented increasingly to the rational development of human services – all aimed at improving the *quality* (as contrasted with the quantity) of life. Bertrand Russell has said: "One of the troubles of our age is that habits of thought cannot change as quickly as techniques, with the result that as skill increases, wisdom fades." Perhaps this is true, but I prefer Jerome Bruner's analysis: "With technological advance, more things are possible, but social and technical organization is increasingly necessary to bring them off. In effect then, the sense of potency – the idea of the possible – increases in scope, but the artificer of the possible is now society rather than the individual."

The "social and technical organization" is the organization and administration of the hospital and of the outside forces listed above. "Society" – the people of the community or country – (as the "artificer of the possible") is in essence represented by all these

institutions and organizations. Their interaction and the decisions and directions that result define the movement of a given field – in this case medicine and health services. The institutions are those of health (e.g., hospitals and nursing homes), education, welfare, medical and other professional and technical societies, government, financing (e.g., Blue Cross and private insurance companies), licensure, law, private civic groups, and unions.

When one thinks of institutions and their administration, one thinks of bureaucracy, that social invention conceptualized by the sociologist, Max Weber, which says that men can and will manage an institution or a business according to rule and reason. Recognizing that organization and administration are *means* and not ends, the bureaucratic method has become anachronistic for four reasons: (1) the steady increase in knowledge and technology cannot be handled efficiently by a rigid pyramidal structure – individuals may become intellectually obsolete too rapidly and may be overwhelmed with decision making; (2) the increasing quantity and quality of transaction with outside institutions, whether they be schools, hospitals, civic groups, industrial or professional organizations, government and so on, leads to instability – and with increasing interdependence the managers of institutions become progressively less effective and more governed by outside forces; (3) competition diminishes as institutions become more interdependent and have to plan together – resources are finite and priorities have to be established; (4) the newfound power of collectivism, whether it be old unions, new students, professors or technicians, which is challenging bureaucratic bosses and asking for key roles in the decision making process, has at present both European countries and the United States in a turmoil of ineffectual response. We have passed from the age of individualism to that of the power of collectivism. Methods of administration and organizational structures must change with changing social conditions, changing intellectual activities, and changing technological capacities.

The ability of the bureaucratic system to adapt rapidly to these changes in knowledge and technology, to the forces outside the institution, to the decrease in competition and the increase in large scale planning, and to the power of collective action and demandability has been and will be increasingly taxed.

I believe that 50 percent of the bureaucratic method should be retained, i.e., that portion which simplifies and speeds communication and provides for the implementation of change. Policy and change will be determined not by the rigid requirements of defined

roles in the pyramid but by *ad hoc* and constantly changing groups in and out of the institution who will provide the expertise and the intellect to solve shared problems rapidly, point the way for change and make final decisions. The administrative head (and it is a sociological fact that any social group has a head!) becomes the coordinator – asking the right questions and knowing who to assemble to provide the best answers – using both the formal and informal power structure to communicate and implement change.

The present environment changes rapidly. We are all interdependent; turbulence rather than stability is the order of the day; collectivism can effectively challenge any existing order; institutions are growing larger; people are increasingly more mobile and more educated which leads increasingly to desires for freedom and autonomy; the mass media make the whole world a sage – and this *is* a major force in the world today, and more and more experts occupy the center stage without necessary reference to "Who's Boss!" The administrator lives in an era which recognizes that people will be differentiated not according to rank but according to skill and professional training. He must learn to occupy an ambiguous position and to obtain his pleasures vicariously – no small order for "normal man". Democracy is upon us; free communication is a necessity and cements complex institutions, and influence will be exerted on the basis of knowledge and skill and not the prerogatives of bureaucratic power. The pyramid should be inverted with the administration at the bottom – the patient and the student at the top (i.e., the base), with multiple free-wheeling excrescent experts popping in and out of the administrative structure.

In the profusion of community interests and forces, institutional responsiveness and decision making may be slowed by the pull and tug of conflicting interests to the point that "society" becomes frustrated and begins to adopt the sometimes fascistic stance that monolithic planning by fiat (i.e., federal legislation) will solve the problems. I believe we are in a watershed period of American history when, during this decade, all Americans and their institutions will take new directions and attempt to answer the question of how best to provide basic human rights to all Americans; and education, health and general welfare head the list of such rights. Should we have more federal legislation or less? How can we avoid the hazards of the welfare state while assuring all Americans of certain of its real benefits? How do we maintain individualism and the force of the "silent hand" of self-interest while providing for the collective good? How best can we reduce the inevitable tension and conflict between

freedom and equality? How do we rationally reorder our national priorities and then allocate our finite national resources? How much should we allocate for services as contrasted with research and technological development? How much to infants and youth versus the elderly? How much to renal transplants and intensive care units versus nursing homes, chronic hospitals, drug and alcoholism programs? How much to health education, rehabilitation services and preventive medicine as contrasted with nutritional programs, jobs, transportation, education, housing, pollution and population control? *De facto* we have and are making these decisions. Are they rational for the last third of the 20th century? If not, how can we politically and economically provide for viable change – evolution and productive, peaceful revolution? How can we best reorder organizational and institutional administrative arrangements so that we can rapidly and effectively answer the questions?

As an amateur historian, I believe we have experienced national crises in roughly 40-year cycles, and have reached another great watershed in the history of our country – one which will see us change dramatically in our attempts to solve the problems. Certainly we experienced "watersheds" in the 1770's, culminating in the Declaration of Independence; the 1810's, culminating in the era of Jacksonian democracy, the beginnings of the industrial revolution and massive westward expansion; the 1850's, culminating in the Civil War and the period of Reconstruction; the 1890's, culminating in the Progressive Era of increasingly active government; the 1930's, with even more governmental intervention; and now the 1970's. I am not at all certain that our traditional thrust since 1890 of looking more and more to central government will now solve the problems as well as a general decentralization of government, back to the people, where regional responsibility and self-determination will enable us to solve problems rapidly and to take the new directions while maintaining the real strengths of pluralism and fostering the uniquely American philosophy of pragmatism (or "radical empiricism" as William James called it). I hope that this is what will happen so that we can maintain a healthy balance of public and private interest – and enjoy the strengths of both.

The nation is poised to take new directions in the resolution of massive domestic problems – and so is the MGH. We are a part of the main, and each one of our 6,000 MGHers is working diligently and thoughtfully to strengthen and improve the health of the community and our country.

JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

During the past year the General Executive Committee has continued to face and to deal with the issues and problems related to health care in the modern teaching hospital. It is clearly the work of the General Executive Committee and the Trustees to maintain our traditional strengths in patient care, teaching and research, revising and improving our position in each area wherever possible without compromising the excellent balance within the hospital that has been achieved through the years. At the same time, the Committee continues to be sensitive to the increasing pressures being brought to bear upon the large urban hospitals from many diverse sources – both public and private – for changes in the traditional hospital role in the delivery of health care.

An important function of the General Executive Committee is that of reviewing all hospital appointments. During the past year, two new chiefs of service have been selected. Following the previous recommendation of an *ad hoc* committee that the Department of Radiology be divided into a Department of Radiation Medicine and a Department of Diagnostic Radiology, Dr. Herman O. Suit was chosen as Chief of the Department of Radiation Medicine, and Dr. Juan Taveras has been selected to be Chief of the Department of Diagnostic Radiology. In addition, an *ad hoc* committee is presently seeking a new Chief for the Orthopedic Service, and six other *ad hoc* committees have been convened to examine candidates for promotion. Recommendations to the Trustees regarding action on these appointments and the makeup of the *ad hoc* committees constitute an important responsibility of the General Executive Committee.

In a continuing desire to make the General Executive Committee more reflective of the many interests and problems in the hospital, its membership was expanded to include two additional individuals. It was agreed that the Chief of the Emergency Services, Dr. Earle Wilkins, should be appointed to membership in the General Executive Committee. In addition, it was decided that there should be three, rather than two, members elected from the Medical Staff. Thus, one elected member now represents general medicine; one represents general surgery; and the third is elected from the specialty areas.

Considerable time was spent in completely revising and updating the Rules and Regulations of the Medical Staff during the past year. These documents were carefully studied by the General Executive

Committee, and modifications were sought from the Staff Associates and other interested parties within the hospital. The completed Rules and Regulations represent an accurate description of the present policies and operating procedures at the Massachusetts General Hospital.

These Rules and Regulations were carefully scrutinized at the time of the biennial visit to the Massachusetts General Hospital by the Joint Commission on Accreditation of Hospitals. The Joint Commission was extremely laudatory in their comments regarding the new Rules and Regulations. Additionally, the Commission was very complimentary of essentially all other aspects of the activities of the Massachusetts General Hospital. Unfortunately, a contingency for accreditation by the Joint Commission involved the necessity of making major renovations at Storrow House. Although the fate of Storrow House was not an area of primary jurisdiction of the General Executive Committee, the General Executive Committee concurred with the decision of the General Director and the Trustees that a large capital expenditure in Storrow House was unwarranted, and acknowledged with deep regret the necessity of phasing out this long-standing activity of the Massachusetts General Hospital.

As the hospital undergoes major changes in form as well as in substance, the General Executive Committee has reviewed in great detail the major space allocations planned for the next few years. The proposed Cancer and Radiation Therapy building was extensively discussed and enthusiastically supported. The plans for Radiation Medicine, the Ambulatory Tumor Clinic, Medical Oncology and Cancer Surgery as well as other commitments for this building seemed most appropriate. The move of the medical teaching services and medical departmental offices as well as general surgical and orthopedic surgical offices to the Gray Building was carefully reviewed and also received enthusiastic support. Plans to expand the office space and to centralize patient care activities for the Urologic Surgical Service are in the formative stages and have undergone preliminary review. Possible additional space allocation for patients and offices for the Neurology and Neurosurgical Services have also been discussed in a preliminary way.

Considerable attention has been directed to the long range goals of the hospital. The increasing scarcity of inpatient beds received extensive study. The question of the desirability of increased specialization versus general medical care within the hospital was discussed in great depth. The Committee recognizes the enormous importance of proper balance in our hospital and is hopeful that excellence in

specialty fields can continue at the same time that broad, community-oriented medical care can flourish. An ongoing reappraisal of the posture of the Massachusetts General Hospital in the delivery of health care in these rapidly changing times will continue to be a major preoccupation of the General Executive Committee.

Many current activities of the Massachusetts General Hospital are under close scrutiny at the present time. The serious problem of improving ambulatory care at the Massachusetts General Hospital continues to concern us all. An initial subcommittee reported its findings and made preliminary recommendations regarding additional clinical facilities and changes in the organization, administration and staffing of the clinics. A new subcommittee under the chairmanship of Dr. John Mills has been appointed to study this problem further and present specific and detailed plans regarding ambulatory care in the future at the Massachusetts General Hospital. The General Executive Committee reviewed a number of presently operating health programs including the newly formed Harvard Community Health Plan, the MGH's own Bunker Hill Health Center, and the Kaiser-Permanente Comprehensive Health System and regional medical programs.

The Utilization Review Committee under the chairmanship of Dr. Frank Ingersoll continues to make important contributions in improving utilization of our hospital. With careful planning, the summer of 1970 did not witness the usual gross under-utilization of the hospital experienced in the past. This matter is particularly important in light of the general scarcity of beds during the remainder of the year. The rapidly rising number of laboratory tests was pointed out by Dr. Octo Barnett of the Computer Laboratory. This information was transmitted to the staff, and a significant improvement in laboratory utilization was promptly noted. Discussions occurred and decisions were made regarding improvement in patient records and in communications with referring physicians.

The Committee on Teaching and Education under its Chairman, Dr. Daniel Federman, continues to study and to recommend constructive changes in these vital hospital functions. The committee has been particularly active this year in analyzing house staff and fellowship training. Attention is being directed to the optimal numbers of house staff and fellowship positions needed by the hospital, and consideration is being given to alternate methods of support for training should current governmental sources, granted largely for research purposes, begin to dwindle.

The area of intensive and critical care received considerable

attention. Advances in therapy have led us to serve a population of progressively sicker patients, and the need for critical care facilities seems ever greater. A subcommittee under the chairmanship of Dr. Richard Kitz carefully studied the current status of cardiopulmonary resuscitation at the Massachusetts General Hospital and has made several constructive recommendations for improving our effectiveness in this area. Another subcommittee, also under the chairmanship of Dr. Kitz, is currently exploring the whole area of intensive and critical care at the Massachusetts General Hospital. Specific recommendations will be forthcoming to the General Executive Committee from this subcommittee relative to the direction, organization and administration of intensive and critical care for both the present and the future.

The General Executive Committee continues to be concerned about the need for adequate extended care facilities in the Boston area. We view with pleasure the newly opened Massachusetts Rehabilitation Hospital on Nashua Street. The General Executive Committee has remained fully informed regarding the progress of this facility.

Rapid changes have taken place in community wishes and needs related to abortion. An initial committee under the chairmanship of Miss Eleanor Clark reviewed this problem, and has recommended clarification of the indications for performing abortive procedures at the Massachusetts General Hospital. Under Dr. Federman, a new committee is studying this problem in depth and has been given the charge of recommending specific courses of action so that the Massachusetts General Hospital can properly carry out its responsibility to the community in this area.

The problem of drug abuse was extensively reviewed. Guidelines were adopted to facilitate appropriate use of narcotics in the treatment of addicts without making these drugs improperly available.

The General Executive Committee has discussed the problem of recruitment of minority groups at every level and has reaffirmed its long-standing policy of nondiscrimination. The General Executive Committee is anxious to support qualified individuals from minority groups to achieve appointments at the MGH.

The G.E.C. has recognized the outstanding job of our house staff and enthusiastically supported the salary increases voted by the Trustees in July.

The G.E.C. has discussed and acted upon these and many other problems during the past year. The members of the Committee have worked diligently to make the most appropriate decisions in the best interests of the hospital and its patients. The membership represents

essentially all segments of the hospital. We hope that the activities of the General Executive Committee have resulted in improved communications throughout the hospital as well as a balanced approach to the various problems confronting the hospital.

W. GERALD AUSTEN, M.D. *Chairman*
ROMAN W. DeSANCTIS, M.D., *Vice-Chairman*
RAYMOND D. ADAMS, M.D.
THORNTON BROWN, M.D.
BENJAMIN CASTLEMAN, M.D.
MISS ELEANOR CLARK
FRANCIS deMARNEFFE, M.D.
LEON EISENBERG, M.D.
DANIEL D. FEDERMAN, M.D.
THOMAS B. FITZPATRICK, M.D.
WALTER C. GURALNICK, M.D.
FRANCIS M. INGERSOLL, M.D.
SEYMOUR S. KETY, M.D.
RICHARD J. KITZ, M.D.
JOHN H. KNOWLES, M.D.
ALEXANDER LEAF, M.D.
MISS MARY E. MACDONALD, R.N.
GEORGE L. NARDI, M.D.
ELLSWORTH T. NEUMANN, M.D.
THOMAS C. PEEBLES, M.D.
GEORGE R. PROUT, JR., M.D.
LAURENCE L. ROBBINS, M.D.
ALFRED H. STANTON, M.D.
WILLIAM H. SWEET, M.D.
NATHAN B. TALBOT, M.D.
HOWARD ULFELDER, M.D.
EARLE W. WILKINS, JR., M.D.

Report of the Committee on Research

The Report of the Committee for 1970 presents a record of continued activity on the part of the Committee and its subcommittees in areas of interest and concern to the research community at the Massachusetts General Hospital. There has been one change of an organizational nature. In September it was recommended to the Board of Trustees that the Committee on Research be enlarged to include as "Ex-Officio Members from the Staff," all those on the Massachusetts General Hospital Staff whose primary commitment is to research and who have tenure positions at the Harvard Medical School. This recommendation, accepted and implemented by the Board of Trustees, permits the uninterrupted participation by all senior scientists at the Massachusetts General Hospital in the activities of the Committee. The total number of continuing members of the Committee on Research was significantly increased by this action, and although this in itself may not be wholly desirable, the increased flexibility in opportunity for participation of more junior members of the research community by appointment as members-at-large is most advantageous.

Communications among members of the research community has continued to be a matter of concern to the Committee on Research and to the Subcommittee on Research Colloquia. There were four scientific presentations at the regular meetings of the Committee on Research by Drs. Richard J. Kitz and Warren Zapol of the Anesthesia Department on "Membrane Oxygenators," by Dr. Keith Conners of the Psychiatry Service on "Drugs and Learning in Children," by Dr. Charles Sanders of the Cardiac Catheterization Unit of the Medical Service on the present status of the Myocardial Infarction Research Unit, and by Dr. Paul Black of the Infectious Disease Unit of the Medical Service on "Application of Animal Viral Cancer Models to Human Disease."

At the meeting of the Committee on Research in December, it was decided that the meetings of the Committee on Research should serve more regularly in the dissemination of information in regard to specific research activities in the hospital. To implement this decision, it was proposed that scientific presentations be made at every meeting of the Committee on Research, either in the form of a survey of the current research program of a service/department/hospital service or as a scientific presentation by an individual investigator. An effort will be made to arrange that the scientific part of these meetings be open to all interested members of the hospital

staff.

The Subcommittee on Research Colloquia has continued its most successful efforts to improve communications, as well, and at a somewhat different level from that discussed above. Three evening colloquia were given this past year, which again with the help of an award from the Burroughs-Wellcome Foundation, followed the same pattern as the earlier colloquia in this series – a social hour and dinner followed by a talk, usually of a scientific nature, by distinguished visitors. Members of the Committee on Research have been encouraged to invite guests from among the younger Staff members of the hospital's research community so that opportunities for meetings and discussions occur of a sort not often possible in the more usual atmosphere of the hospital. The speakers this past year have continued at the same high level of interest as earlier. Dr. John Platt, a physicist and Associate Director of the Mental Health Research Institute at the University of Michigan, after a public lecture in the afternoon, entitled "Setting Up Research on Urgent Problems," continued the dialogue initiated at that lecture after dinner. The second speaker of the season was Dr. G. Carleton Gajdusek of the National Institute of Mental Health, who presented a fascinating discussion of Kuru, the "slow" viral encephalitis seen in some remote communities of Borneo. Professor Lewis Mumford was the final speaker at an evening colloquium held in association with the meeting of the Scientific Advisory Committee on December 11, 1970. His topic was "The Issues of Today."

The Subcommittee on Human Studies has fostered the publication of the second edition of the pamphlet, *Human Studies Guiding Principles and Procedures.* This new edition had been thought necessary for several reasons, the most urgent of which had been the increased concern in regard to studies involving children and other individuals incompetent to give informed consent, an area that had not been adequately considered in the first edition. Another area of recurring concern to the Subcommittee had been that of insurance to protect subjects of research efforts as well as the investigators and the hospital. This topic had been discussed by the Executive Committee on Research, the Committee on Research, and the Trustees Advisory Committee on Research and the Individual, as well as by the Subcommittee. There appears to be agreement that the best solution would be some form of no-fault insurance, much like workmen's compensation. The risks of conducting clinical research, although they can with care and guidance be minimized, cannot be reduced to zero. The cost of adequate compensation in those few

instances where it may be required, if distributed over an entire research effort, would add very little to the total cost of conducting research, and such a provision seems eminently more reasonable than having the entire burden fall upon the subject who had participated in the research or the investigator who has conducted it.

The Medical Engineering Group under the aegis of the Subcommittee on Bioengineering and Developmental Research has become financially independent. In the process it has been expanded so that considerable consultative service is available in various engineering areas. Members of the group have been sent to training schools of some of the major instrument manufacturers so that maintenance of many items of equipment will be accomplished by members of the group, a distinct advantage to the hospital that should eventually save money as well as expedite the necessary service.

The Research Computer Group and its responsible Subcommittee on Computer Service to Research in contrast have experienced a rather troubled year although they appear to have weathered the storms most successfully, and computer service remains satisfactory and versatile. Because the levels of utilization of the XDS Sigma 2 at the hospital did not justify its costs, rental of that computer had to be terminated. Subsequently the Harvard Computing Center terminated the contract for the utilization of its XDS Sigma 7, and investigators at the hospital were left without access to a reactive computer. However, during the latter part of the year, two new services were made available at the Harvard Computing Center that replaced in a reasonably satisfactory way those computer services not available to investigators at the Massachusetts General Hospital for some months. During the same period the Research Computer Group was reorganized and established on a more self-sufficient basis. At the present time, the computer service to the research community at the Massachusetts General Hospital appears to be back in a satisfactory state for most purposes.

The Subcommittee on Research Policy has continued its scrutiny of changing national policies in the funding of research in the biomedical area. One of the prime areas of concern has been associated with the decline in the federal support of basic research and the tendency to circumvent in one way or another the peer review of research grants with its traditional emphasis on scientific excellence. The increasing numbers of center grant awards, and the general polarization of support in favor of conspicuous relevance with resultant diminution of scientific feasibility and excellence as criteria, could also result in a greater uncertainty of continuity of support

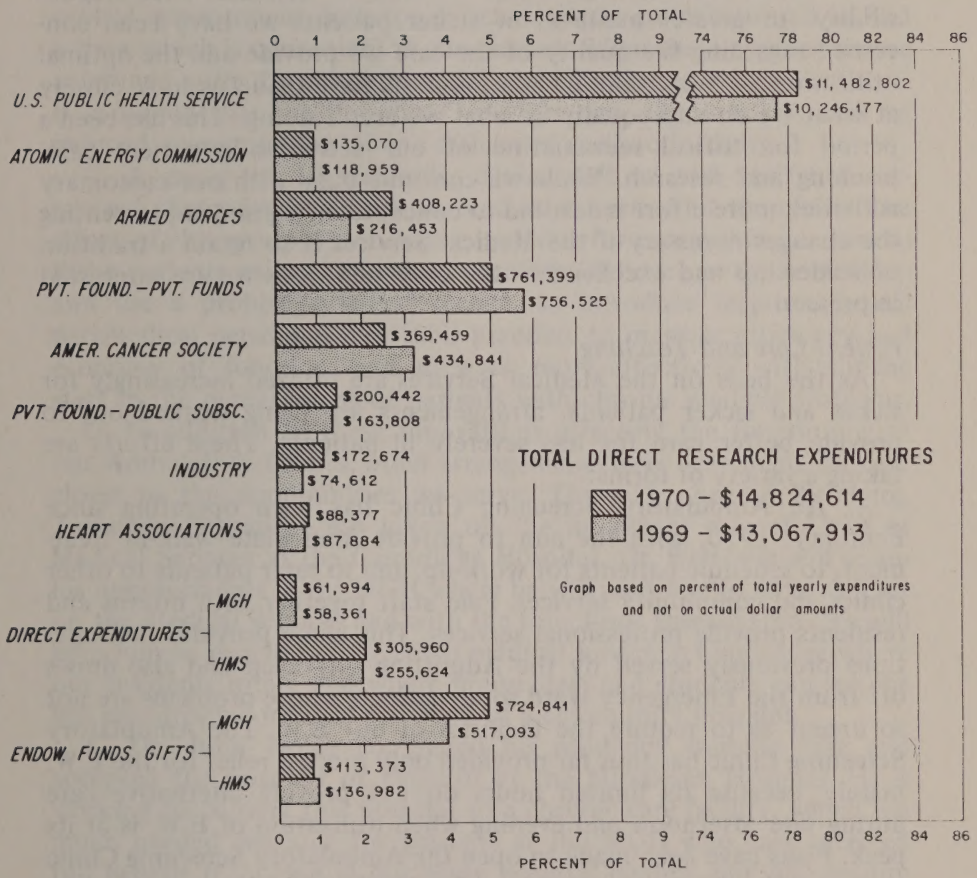
characteristic of such grants, not only because of their size, but also because mission orientation imparts some contractual qualities to them. The subcommittee has met with several representatives of governmental agencies and arranged meetings between some of them and the Committee on Research at which substantive issues have been discussed with some clarification of problems and attitudes. As a result of some of these discussions a group of investigators went to Washington in the spring. Each presented formal statements that were incorporated in the records of Senator Magnusson's Subcommittee on Appropriations. Dr. Isselbacher, the former chairman of the Committee on Research, testified both for the American Society for Clinical Investigation and for the Massachusetts General Hospital.

Other subcommittees of the Committee on Research have continued their valuable services to the research community by giving good advice to the parent committee. At the Scientific Advisory Committee meeting held on December 11 and 12, 1970, much of the discussion had been devoted to the future of pathology at the Massachusetts General Hospital, especially research in the Department of Pathology. Enthusiastic statements in support of continuation of such endeavors and their value to the hospital had been presented by members of the department and by Professor Benacerraf, newly appointed Chairman of the Department of Pathology at the Harvard Medical School. In addition there were five scientific presentations which conveyed in an interesting manner the leading edges of scientific investigations at the hospital. The report of the Committee will be eagerly awaited. As always we are delighted to be able to have the benefit of their advice and counsel.

I wish to express appreciation to the many scientists and investigators who serve on the various subcommittees of the Committee on Research at the Massachusetts General Hospital. Without their dedicated effort and advice the parent Committee would be unable to tackle effectively and resolve the many problems that constantly confront it.

SEYMOUR S. KETY, M.D.
Chairman

DIRECT RESEARCH EXPENDITURES FOR 1970



Report of the Medical Services

1970 was another busy year for the Medical Services. With few exceptions the hospital has been full – increasingly with very sick patients demanding more and more of our attention and skill. Our Emergency Ward has been literally overwhelmed with admissions and visits to our Ambulatory Clinics continue to increase. With responsibility for greater numbers of sicker patients we have been concerned regarding the quality of the care we provide and the optimal utilization of our facilities. Soaring costs have made us look closely at what we do and equally at what we aren't doing. This has been a period for critical reevaluation of our activities in patient care, teaching and research. While we continue busy with our customary activities, more effort is devoted to conceptualizing and implementing the changes necessary if the Medical Services is to retain a tradition of leadership and excellence – the only traditions we are interested in preserving.

Patient Care and Teaching

As the beds on the Medical Services are utilized increasingly for sicker and sicker patients, arrangements are being worked out to provide better care for less severely ill patients. These efforts are taking a variety of forms:

A. An Ambulatory Screening Clinic has been operating since February, 1970, with the aim to provide immediate walk-in treatment, to schedule patients for work-up, and to refer patients to other clinics and community services. Paid staff together with interns and residents provide professional services. This clinic provides the functions previously served by the Admitting Physician and also draws off from the Emergency Ward some patients whose problems are not so urgent as to require the facilities of our E.W. The Amublatory Screening Clinic has thus far provided only modest relief for the E.W. mainly because its limited hours do not provide alternative care during late afternoon and evening when utilization of E.W. is at its peak. Plans have been made to open the Ambulatory Screening Clinic each evening. Clinic census figures for 1969 and 1970 are as follows:

	1969	*1970*
Medical Clinic Visits	21,690	21,878
Admitting Physician (1969) or Ambulatory Screening Clinic	6,406	11,085
Medical Specialty Clinics	16,670	21,140
Total	44,766	54,103

B. The Medical Screening Unit (MSU) in our Ambulatory Clinics performs a limited number of preliminary examinations on each patient before his visit with a physician. These include collection of an automated medical history through the use of a history questionnaire, a limited physical examination performed by the technical assistant, and the collection of standard tests and those ordered by the Ambulatory Screening Clinic physician. The MSU serves as a central appointment desk for patients. Clerks are encouraged to find a time which is convenient to the patient. When these approaches are combined with the reduced waiting time for the return appointment, it is hoped that the "no-show" rate of new appointments will be reduced, increasing the clinic's efficiency and productivity.

C. A group of 12 residents, clinical fellows and Staff have organized themselves to work in Medical C section of the clinic. The effort of this group is to be more available for comprehensive care to those patients using the clinic, to provide 24-hour service, to develop and use a problem-oriented record, to introduce technology and paramedical personnel into their practice, to increase efficiency and economy of function, and to work more effectively with nursing staff in the management of patients with chronic medical problems.

D. In addition to these innovations affecting the functioning of our Ambulatory Clinics, other arrangements have been made for care closer to the communities we serve. Thus, Dr. Arnold Weinberg, Associate Physician, has taken on the important role of Chief of Medical Services at the Cambridge Hospital. Dr. Weinberg will retain his appointments at the MGH where he will continue to serve as Visit on the Medical Services and with the Infectious Disease Unit. We will help him to develop an excellent medical service in Cambridge where our residents rotate and where house staff and students can see the less catastrophic medical problems of a community hospital.

E. Dr. John Noble completed his residency training here and accepted the position of Director at the Middlesex Hospital. He is working to convert this hospital to a chronic care facility, which is a much needed resource for patients at the MGH who have received full benefit from care in our acute hospital facility, but who require further rehabilitation or terminal care. As the Middlesex Hospital develops along these lines, we hope to maintain close relationships which will be advantageous both to our patients and to teaching functions.

F. The Massachusetts Rehabilitation Hospital has opened as a conveniently located facility which can accommodate patients who require futher chronic care and rehabilitation after their care at the

MGH. This hospital has Dr. Charles Weingarten, Assistant Physician. as its Medical Director. Our Arthritis Unit has already established a service there for patients with rheumatic diseases who need hospital care but who no longer would qualify for admission to the MGH in competition for beds with severely sick patients. Clinical Fellows from the Arthritis Unit provide professional care for these patients under direct and close supervision of a staff member of the Arthritis Unit. This sets a model for further training programs in other facilities which complement the educational opportunities for staff and trainees available in the MGH.

G. The Medical Services continue to participate in the Bunker Hill Community Health Center in Charlestown which serves as the major MGH pilot project in community medicine.

Even as we direct our attention toward the new thrust of medical service to the community we have also set about to get our internal services in order. The General Executive Committee and the hospital administration have approved the move of the Medical Services into new quarters in the Gray Building. The traditional open wards of the Bulfinch Building no longer meet the requirements of semiprivate accommodations for which third-party insurers will pay. A move to a more modern facility seems mandatory if we are to preserve a teaching service in a time when everyone who comes to us has his hospitalization expenses covered by some form of medical insurance. At the end of 1970 we began regular meetings with the architects to plan our new facility in the Gray Building.

Teaching Commitment

Our Medical Services has a large teaching commitment. It provides a major role to the teaching of medical students, accommodating 79 this year of a class of 160 at the Harvard Medical School for the required three-month clinical clerkship in Medicine. In addition we provided most of the instruction during a two-month Introduction to the Clinic for 74 students. Fifty students spent their 13 weeks of Examination of the Patient here, and two-thirds of their instruction is provided by and on the Medical Services. Also, 83 students spent one or more months full-time on electives with the various units of the Medical Services during 1970. Furthermore, our staff have been major contributors to the teaching of Human Biology in the first two years of Medical School.

Our record of postgraduate medical education is quantitatively substantially greater. Most demanding of our attention are the 42 interns and residents in Medicine. But there were an additional 133

Clinical and Research Fellows experiencing a most critical portion of their training here on our Medical Service this year. These are distributed through the 20 subspecialty units of the Medical Services. Two formal postgraduate courses were given, one in Internal Medicine for one month in June, 1970, with 88 physicians from all parts of the world attending, and one in Cardiology for one week which was attended by 100 physicians. Many applicants to both courses had to be turned away because of lack of teaching space. Seventeen physicans came during 1970 to take our two-week course in Emergency Medicine. In addition, every member of the full-time staff of 82, and many of our practicing staff of 90, has participated in lectures and courses locally, nationally and internationally which have contributed to medical education.

Fiscal Posture

How is such a massive educational endeavor supported? The dedicated practicing staff contribute their time and effort with only token or no recompense. The full-time staff of 82 have been largely self-supporting through the research and training grants they attract. Thus costs of supporting the professional personnel of the Medical Services this past year were:

Full time Staff (82)	$1,505,823
Practicing Staff (90)	71,000
Clinical & Research Fellows (133)	956,768
House Staff (43)	401,500
Total Staff 349	$2,935,091

The sources of stipends for support of these professional personnel in each category are as follows:

	MGH	*HMS*	*Research & Training Grants*	*Other*
Full-time staff	18%	11%	63%	8%
Clinical & Research Fellows	0	0	99%	1%
House Staff	100	0	0	0

It should be stressed that not only are our academic functions of teaching and research vulnerable but so are our service functions in patient care; a very large amount of the specialty medicine practice here is performed by clinical fellows and full-time staff.

In summary, the Medical Services have provided a larger portion of the instruction for the Harvard Medical School during the past year

in addition to a very large amount of postgraduate teaching. The support for that portion of the Medical Services staff providing most of the instruction was self-generated coming mostly from research grants. It seems clear that as training grants disappear and research funds are cut back a great teaching resource is sorely threatened unless the need for increasing medical education receives support which is more substantial than the rhetoric it has thus far attracted – to paraphrase a biblical phrase – "Teachers do not live by promises only."

Changes in Personnel:

Promotion to Physician

Dr. William H. Baker
Dr. Roman W. DeSanctis
Dr. Daniel D. Federman
Dr. Gerald S. Foster
Dr. John D. Stoeckle
Dr. Edwin O. Wheeler

Promotion to Associate Physician

Dr. Kurt J. Bloch
Dr. Jan Koch-Weser
Dr. Charles A. Sanders
Dr. Arnold N. Weinberg

Promotion to Assistant Physician

Dr. Robert W. Carey
Dr. Cecil H. Coggins
Dr. Stephen E. Goldfinger
Dr. J. Warren Harthorne
Dr. William F. McNeeley
Dr. William E. Strole
Dr. Martin J. Wohl

Promotion to Clinical Assistant in Medicine

Dr. Richard C. Gardner

Appointment to Board of Consultation

Dr. Earle MacA. Chapman
Dr. Alfred Kranes
Dr. Marian W. Ropes

In addition, the following physicians (all but one of whom are graduates of our own training programs) were given new staff appointments as Assistants in Medicine: M. Elliot Alpert, Clyde H. Beck, Peter C. Block, Richard W. Erbe, Robert M. Glickman, Anne F. Godley, Adolph Hutter, Jr., Albert R. Martin, Robert C. Leinbach, John Noble, Jr.

Unfortunately for us, these additions were partially offset by departure of the following actively practicing staff:

Dr. Irving Ackerman, Assistant Physician; Dr. John Homans, Assistant in Medicine. It is of interest that these two physicians accepted positions in which they will be serving as full-time salaried staff devoting their time to patient care.

Although we are and have for several years been adding young physicians of outstanding quality to our staff, they have largely come on as full-time teachers, investigators, specialist consultants rather than as private practitioners. The need by our community for personal physicians on our staff remains unfulfilled. To determine why graduates from our house staff training program didn't remain in practice here, a questionnaire was completed in May, 1970 by all 42 of our House Staff. In response to the questions:

"Are you interested in a career of clinical practice and teaching of Internal Medicine in the setting of a teaching hospital which will include at least 50% of time in direct patient-care activities?

Response: 34 "YES"; 5 "NO"; 3 "Uncertain"

If so,

a. Would you prefer to practice in a setting of individual private practice?

response: 0 "YES"; 24 "NO"; 5 "Uncertain"

b. Would you prefer to practice as a member of a group, perhaps initially organized within Internal Medicine but with plans to include other specialities and departments?

response: 38 "YES"; 1 "NO"; 3 "Uncertain"

In response to this clear indication of the practice interests of the young physicians whom we would like to have join our staff and with consent from the present staff, we have embarked with the Administration to develop a group practice within the Medical Services.

Research Activities

As may be judged from the proportion of support for our staff that comes from research grants, the research efforts of the Medical Services continue as a major activity. The numerous laboratories have been unusually productive this past year, and the harvest of results is documented in several hundred published papers. The molecular basis of the pathophysiology of cholera has been elucided in our Renal Laboratories. A radioimmunoassay has been developed and

applied to the measurement of cardiac glycosides levels in the blood of digitalized patients by workers in the Cardiac Unit. Parathormone hormone has been isolated, its structure defermined and the active peptide synthesized by investigations in our Endocrine Unit. Many other accomplishments could be cited but the Committee on Research listing is a more appropriate place for these to appear. Of importance here is the healthy balance of basic and applied research conducted in our laboratories which will provide for better health care in the future.

ALEXANDER LEAF, M.D.
Chief, Medical Services

Report of Children's Service

Introductory Comments. Ten years ago when we first undertook to plan for the development of the then Children's Medical Service of the MGH, the nature of childhood diseases and disabilities was changing rapidly. Many of the erstwhile life-threatening and disabling infectious and nutritional problems which had necessitated hospitalization for diagnosis and treatment could now be handled relatively easily on an outpatient basis. Meanwhile, new possibilities for identifying and correcting many hitherto unmanageable disorders of body structure and function were becoming available as a result of advances in developmental medicine and child surgery. It was also becoming apparent that the causes and consequences of death and disability among infants and children were no longer largely biophysical in nature, but instead an intermix of biologic, physical, behavioral and social factors. The paragraphs which follow outline some of the steps taken to meet the challenges posed by these realities.

Evolution of Children's Medical Service to become the Children's Service, Burnham Division, MGH. From the time of its inception in 1911, the Children's Medical Service of the MGH served largely as a place where members of the various adult services could house child patients if they so desired. As a result, many of the children were not receiving any specialized pediatric attention and the pediatricians were often unable to function in other than a bystander role. Because it was felt that this arrangement was incompatible with the operation and development of a first-class university Pediatric Service, it was recommended that the Service be made responsible for the overall welfare of all child-patients at the MGH, and that its name be changed accordingly to the Children's Service, Burnham Division, MGH. This recommendation was approved and implemented in the summer of 1961.

Development of Senior Staff Required for Comprehensive Pediatric Care, Training and Research. Simultaneous with the formation of the Children's Service, steps were initiated to equip it with the staff and resources required to function as a comprehensive child caretaking agency and as one of the two main divisions of Harvard's Department of Pediatrics. The Metabolic-Endocrine Unit, which for many years had comprised the sole Children's Service research and specialty training component, served as the starting point for this development with Dr. John Crawford as its chief. Fortunately, at about this time the Pediatric Neurology Unit of Kennedy Memorial Laboratories of the Neurology Service were opened with Dr. Philip

Dodge carrying the main responsibility for developing the clinical aspects of this unit. Simultaneously, to insure that both medical and surgical skills would be strongly represented, Dr. W. Hardy Hendren was appointed to the staff of the MGH as its first full trained pediatric surgeon with the intent that he work closely with the medical pediatricians in developing excellent resources for the care of all types of child-patients on the Children's Service.

In the ensuing ten years, 26 physicians having expertise in 15 areas of child health have been added to the staff. Eighteen of these are essentially full-time, and eight are involved on a major, part-time salary basis. They include Drs. John W. Littlefield, Lewis Holmes and Aubrey Milunsky (Genetics); Dr. Thomas Peebles (Preventive Pediatrics; Postgraduate Education; Assistant Chief, Children's Service); Drs. John P. Connelly, Leo Burgin, Edward C. Dyer and Alfred Yankauer (Community Pediatrics via the Bunker Hill Health Center; Pediatric Health Manpower); Dr. Allan Goldblatt (Cardiology); Dr. Philip Porter (Community Medicine via the Cambridge Hospital Department of Pediatrics); Dr. Andrew Guthrie (Chief, Ambulatory Division of Children's Service, Adolescent Pediatrics; Director of Health Care Team A); Dr. Edward Keenan (Director of Health Care Team B); Dr. David Lang and subsequently Dr. Gerald Medoff (Infectious Disease); Dr. Daniel C. Shannon (Pulmonary Pathophysiology; Director of Intensive Care Team C); Dr. Richard Talamo (Immunology); Dr. Joseph Warshaw (Developmental Biology); Drs. Gwendolyn Hogan and Robert DeLong (successors to Drs. Philip Dodge and Paul Rosman in Pediatric Neurology); Dr. Hans Bode (Endocrinology); Drs. Mary Howell and George Rever (Child Behavior and Family Evaluation); Dr. John Robinson (Undergraduate Training Program and general pediatrics); and Dr. Sam Kim (Pediatric Surgery). This staff is complemented and supplemented by associates from other MGH services and departments having a particular interest in the pediatric aspects of their specialty. As a result of these additions and affiliations, the Children's Service is now with few exceptions well equipped to deal competently with children's diseases of all sorts.

Establishment of an Intensive Care Unit for Children. Scrutiny of current health problems and patient caretaking practices has revealed several areas particularly deserving of close attention. One centers around the fact that the MGH is frequently called upon to provide expert intensive care to critically sick infants and children. We learned through experience that if we were to meet this need, it was essential to develop a team of individuals who are specifically trained

and equipped for this task and to so arrange their schedule that they can give undivided attention to this responsibility. Recognizing that this is a multidisciplinary problem involving skills represented in the departments of General Surgery, Anesthesia, Nursing and Administration as well as Pediatrics, we sought and obtained the generous collaborative support of Dr. Gerald Austen, Chief of the Surgical Service, Dr. Richard Kitz, Chief of Anesthesia, Miss Mary MacDonald, Chief of Nursing, and Mr. Henry Murphy, Associate Director, in planning for the staff and resources required to provide critical care of the highest quality. The net result has been the development of plans to reconstruct Burnham 6 so as to make it an exemplary Pediatric Intensive Care Unit for sick infants and children through age eighteen. This reconstruction is now in process and should be completed by the end of March, 1971.

In anticipation of the renovation of Burnham 6, a Pediatric Intensive Care Team was inaugurated on July 1, 1970 and placed under the direction of Dr. Daniel Shannon. Dr. Shannon came to this position having had extensive experience in general pediatrics and in the management of pulmonary and related cardiovascular problems. He has as his senior associate, Dr. John Herrin who also is well-versed in general child care and additionally is an expert in the management of body fluid balance, nutritional, renal and related metabolic and endocrine problems. These men have been working closely with Dr. Myron Laver and Dr. Hennig Pontoppidan of the Anesthesia Service as well as with Dr. Hendren and other experts in the fields of surgery, infectious disease, and so forth as indicated.

This new unit has been functioning *pro tem* on a split, makeshift basis in our old Burnham 4 Nursery and in space made available and functional by generous actions of the Anesthesia, Surgical and Nursing Services and Administration. During its six months of operation, this unit has saved the lives of a number of children whose chances for recovery without this type of care would have been very poor.

These services are being made readily available to community hospitals and physicians through an arrangement whereby a physician member of the Intensive Care Team goes with an ambulance to the place where the patient is, evaluates the situation there, and confers by telephone with the Unit Director at the MGH regarding the best way to provide essential care while en route to the MGH. This has been working to the benefit of the patient and has been providing fine opportunities for our junior staff to learn how to provide intensive care under a variety of circumstances. As we had

hoped, these services are being sought at a rapidly increasing rate as word concerning their value and availability spreads.

Establishment of a Pair of Primary Generalist Child Health Care Teams. Review of our experience with Emergency Ward, Ambulatory Clinic and noncritically sick inpatients indicated a high need to develop arrangements which would enable us to care for such individuals in a more nearly continuous, coordinated and biosocially comprehensive manner. Accordingly, after extensive consultation with colleagues in the Nursing, Social Service, Administrative and other interested services, two Health Care Teams were formed under the directorship, respectively of Drs. Andrew Guthrie and Edward Keenan in July, 1970. In addition to their full-time directors, these teams are comprised of a visiting pediatrician (on monthly rotation basis), pediatric residents, interns, nurse clinicians, social workers, unit managers, secretarial staff and others as necessary. They seek consultant aid from specialty experts as indicated and carry central responsibility for balancing and integrating all diagnostic and therapeutic activities for the benefit of the patient. They are responsible for the management of all children seen in the Emergency Ward, Ambulatory Clinics and on the Burnham floors excepting those who have been admitted for surgery under the aegis of the Surgical Division of the Children's Service or who have been assigned *pro tem* to the aforementioned Intensive Care Team. They are concerned with private as well as service patients, the only difference being that the private physician has the final say in the former instance, and the Service's visiting pediatrician and team director in the latter instance.

Formation of Family Evaluation Unit. This unit was formed in the summer of 1970 under the direction of Dr. Mary Howell in order to provide pediatricians with diagnostic and therapeutic consultative advice concerning the social and behavioral components of pediatric patient problems. Dr. Howell is experienced both as an M.D. pediatrician and as a Ph.D. developmental psychologist. Dr. George Rever of the Child Psychiatry Service participates as a consultant as do certain other members of this group and of the psychiatric house staff. The work of the unit also is closely coordinated with that of the Pediatric Social Service group. The unit, with the strong support of these associates, has succeeded in reducing the costs for this type of service to a significant extent. It also has shortened the time of reporting to a matter of days. These reports are set forth in accordance with one of the major goals of the unit, namely, to deal with these aspects of patient care in a substantial, systematic and practicable manner.

Development of Clinical Summary Abstract. With the evolution of

medicine into a highly complex, multidisciplinary science, it has become increasingly difficult to find quickly and easily by scanning a patient's hospital record essential information concerning his diagnoses and the exact purposes and nature of his therapy. In an effort to ameliorate this problem, a single sheet Clinical Summary Abstract Form has been prepared to enable *(and require)* primary responsible physicians to set forth succinctly and explicitly indispensable facts concerning his diagnosis and corresponding etiologic factors, targets and means of therapy, variables to be used as indices of therapeutic success or failure, together with the names of those who are serving as the patient's primary caretaker and consultants. This form has now been used on a wide variety of cases including many with complicated problems and thick clinical records. The results indicate that it is entirely possible to simplify hospital record keeping and at the same time sharpen focus on critical caretaking variables. Because we now require that these abstracts be filled out by the patient's house officer and countersigned by the responsible senior physician at the time the patient is discharged from the hospital, we have largely overcome the problem of dilatory discharge summaries, have greatly expedited reporting to referring physicians and have made sure that the diagnosis and plan of treatment for Children's Service medical-type inpatients have been reviewed and endorsed by a senior staff physician. It has been necessary to assign one of our departmental administrative office secretaries full-time to this task to accomplish these goals.

Development of Plans for the Bunker Hill Health Center. In further recognition of this importance of family, community and related social issues to the diagnosis, prevention and treatment of bodily and mental ills, a group comprised of Henry Murphy of the MGH Administration, Alvin Simmons, Ph.D. and Joseph Vilemos, Jr. of the John F. Kennedy Family Service Center and Dr. Talbot of the Children's Service, undertook in 1966-67 to develop plans whereby the MGH might become involved in the provision of complete health care to the children and families of Charlestown. This evolved into the MGH Bunker Hill Health Center which was inaugurated with the aid of substantial support from the U.S. Children's Bureau in October, 1968 with Dr. John P. Connelly of the Children's Service as its Executive Director. Happily, this has evolved into a flourishing, comprehensive community care training, research, and evaluation facility in which all the major services and divisions of the MGH are actively involved.

Development of a Mobile Medical Unit for the Care of Youths and

Others in Communities Adjacent to the MGH. Another type of community outreach was initiated in June, 1970, by Dr. Andrew Guthrie. In this case, the object has been to offer youths who have run away from home or who for other reasons are reluctant to seek medical help from the "establishment" an opportunity to make contact with physicians and allied health professionals under non-threatening circumstances. This unit functions in a mobile, medically equipped van which was made available through the courtesy of the Massachusetts Medical Society and a community organization known as "Bridge Over Troubled Waters." The unit has been staffed entirely with volunteer physicians, medical students, nurses, social workers, street workers and drivers from the MGH and other Boston hospitals. The van has been going out five nights a week, stopping at a half-dozen places where it was known that there were likely to be a number of persons seeking assistance. In its six months of operation, the van has rendered service to 1,700 youths 12 years and older for a total of over 3,500 patient visits. The fact that the Department of Mental Health of the Commonwealth of Massachusetts made a substantial grant to the MGH in support of this effort in January, 1971, attests to the value which the community has placed upon it. These funds will now enable the unit to expand its services to these needy individuals.

Group Practice. The Service has encouraged innovations in methods of care delivery and the development of pediatric practice located within the hospital. This led in 1969 to the organization of Pediatric Associates, a group practice in the Warren Building. In a pilot project with the Nursing Service, this group has extended the role of the nurse-practitioner so that she can continue to follow and help coordinate care for patients admitted to the Burnham wards from the practice or referred to the group from physicians outside the hospital. The group has expanded its membership to include individuals with special interest in allergy, neonatology and pediatric neurology.

Other Service Developments. The foregoing represents but a few of a number of on-going efforts to bring to the community in a form suited to their particular needs the skills and resources of the MGH. These others include an affiliation with the Pediatric Service of the Cambridge Hospital, which is nicely representative of a local community-based and oriented institution. In his role as Chief of Pediatrics there, Dr. Philip Porter of our department is actively involved in explorations of the potential capabilities of nurse clinicians as front line purveyors of care to children in communities which are lacking

in physician manpower. The Prenatal Diagnostic Service evolved by Dr. John Littlefield and Dr. Aubrey Milunsky in collaboration with Dr. Hugo Moser of the Fernald School comprises another widely-used community service. In addition to these types of direct care-taking, many members of the staff are serving on local and national committees of importance to the health of children and their families.

Teaching and Training Activities. Harvard clinical clerks assigned to our Service have increased in number from 54 in 1960 to 87 plus 7 externs from other institutions for a total of 94 in 1970. These students comprise about half of all those electing to take a pediatric clinical clerkship at the Harvard Medical School. With the inauguration by this school of the Introduction To Clinics Course for second year students, our teaching load was further augmented by 50 in 1965, and reached the number of 54 in 1969. Clinical and research fellows increased in number from 6 in 1960 to 11 in 1970 as the various new specialty units of the Service became operative and space to house them became available. Similarly, the number of physicians from near and far who have attended our annual Pediatric Post-graduate Course has increased from 42 to 142 in the past ten years under the able direction of Dr. Peebles. Likewise, our roster of house officers has doubled from 13 to 26 during this interval. Happily, also the number of intern applicants has more than tripled in the same period and has now reached the point where there are more than 11 applicants for each one of our 9 positions. During the past three years, our residency graduates comprised 30 out of a total of 4,000 tested from 221 major American pediatric training programs. It is gratifying to learn that the grades earned by our graduates in these examinations places the Children's Service of the MGH at the 90th percentile level for the country as a whole.

Research Activities. These will be dealt with briefly because their nature has been outlined in some detail in the Annual MGH Research Activity Booklets. They are varied in nature, ranging from studies in the fields of developmental biology, endocrinology, genetics, immunology, infectious disease, surgery, preventive pediatrics, pulmonary-pathophysiology, and seizure and learning disabilities on the one hand, and on the other to definitions of roles and needs in relation to medical manpower and community practices, and studies of the social and behavioral causes and consequences of disease and disability among pediatric patients. Exclusive of the approximately $500,000 grant made annually by the U.S. Children's Bureau in support of the pediatric work at the Bunker Hill Health

Center, the Children's Service staff has raised over $700,000 in support of their research and allied teaching and training work for the current academic year. During 1969 they published or had in press a total of 82 scientific papers. This comprises an increase from an average of 34 papers in the preceding five years and reflects the fact that we now have a considerably larger and very productive senior full-time research staff.

Resources. Almost all of the gains in staff strength and productivity have been made possible by additions to and alterations in clinical care, research laboratory and staff office resources of our Department. Complete rebuilding of our Ambulatory Clinic space on OPD-3 in 1964-65 comprised one of the first major innovations for our Service since the Burnham Building was completed in 1947. Subsequent gains have included the development of cooperative arrangements with Dr. Edgar Haber to house Dr. Allan Goldblatt as our Pediatric Cardiologist in the Cardiac Unit, and with Dr. Homayoun Kazemi to provide Dr. Daniel Shannon as a specialist in pediatric aspects of pulmonary disease with office and laboratory space in the Pulmonary Unit, and with Dr. Morton Swartz to do likewise with respect to Dr. Medoff as our infectious disease specialist in the Infectious Disease Unit of the Medical Service. We mentioned this because it is illustrative of the generous way in which other services have been supporting the Children's Service during its years of scant resources. These collaborative arrangements have proven to be so advantageous to all concerned as to suggest that they are thoroughly worthy of further development in the future.

In 1968, Dr. Crawford's Endocrine-Metabolic Unit was removed from Burnham laboratories to newly built quarters at the Shriners Burns Institute, where Dr. Crawford now represents our Service as its Chief Pediatrician. This new resource also made it possible to invite Dr. Warshaw to inaugurate a Developmental Biology Unit. After the Burnham laboratories had been vacated by Dr. Crawford, plans were completed to reconstruct a portion of this area as offices for our senior Pediatric Surgical Staff, for those having their main base of operations at the Shriners Burns Institute, and for the Assistant Chief of the Children's Service. In 1970, Dr. Littlefield's Genetic and Dr. Talamo's Immunologic Units were moved from temporary space to attractively modernized quarters on Research 3. At this time, a major portion of Burnham 6 is being completely rebuilt to serve as the base of operations of our Intensive Care Unit.

In sum, since 1963, the office and research areas of the Service have been increased from 2700 to 7500 square feet. All these

facilities are now more attractive than they have ever been before. Much of the success of these innovative moves has been due to the skillful designing of Mr. Carleton Goff and his associates of the MGH Planning Office.

Concluding Comments. The Children's Service is somewhat unusual in that it is one of the few major university departments which are functioning as integral part of a large general hospital rather than as a separate specialized children's unit or hospital. Though this may be exceptional among teaching services, it is the rule among nonacademic community services the world over. This fact alone has provided a strong impetus to devise ways and means for rendering exemplary care to children and for conducting first-class training and research programs in the setting of this general hospital.

Considerable gains have been made towards the attainment of this goal in the past decade. These advances are the product of the creative efforts of all of the various members of the Children's Service staff named above, supplemented to a substantial degree in several instances by members of the house staff and fellows. Many of our staff have devoted time, talent and energy far and beyond the ordinary bounds of expectation. For the Children's Service to move forward as it has, it was essential also that those responsible for the affairs of our institution as a whole be aware of and supportingly responsive to the reality that the health care needs of children differ significantly in many respects from those of grown-ups. Our Service has been exceptionally fortunate in receiving such support in generous degree both from the Administration, professional staff, and Trustees of the MGH and from the Dean and faculty of the Harvard Medical School. With continued support of this kind, the Service should be able to attain as strong a position as any among the top teaching services of our country.

NATHAN B. TALBOT, M.D.
Chief of Children's Service

Report of the Department of Pathology

The department was honored this year when its Chairman was named to the Shattuck Professorship of Pathological Anatomy at Harvard, a chair that was established by the University in 1853 through a gift from Dr. George C. Shattuck. Dr. Castleman's responsibility at the hospital remains unchanged. The department was further honored when Dr. John B. Blennerhassett was named to the Chair of Pathology at the University of Otago in New Zealand. After an absence of nine years from New Zealand, six years of which were spent in our laboratory, Dr. Blennerhassett will return early in 1971 to his own medical school as head of the Department of Pathology. The house staff and colleagues in the department and in the hospital at large will miss his astute reasoning, his infectious enthusiasm and his esprit. He had an unusual willingness and ability to teach, and his outgoing, obliging nature became well known not only in the laboratory but at the many clinical unit meetings. We all wish him well. The only changes in personnel during the year were the move of Dr. Joel Umlas to the pathology staff of the Mt. Auburn Hospital and the return to the laboratory of Dr. Albert Keller after two years of military service at the Walter Reed Hospital in Washington.

Once again the department has answered the call of one of the community hospitals and has assumed the responsibilities for the anatomic pathology service of the Somerville Hospital. In addition, at the present time we provide service to three state institutions – the Soldiers' Home in Chelsea, the Fernald School in Waltham, and the Paul A. Dever Hospital in Taunton. Our house staff continues to rotate through the Boston Lying-In Hospital.

Despite a decrease in federal funds for research, the laboratory has felt the impact only with respect to research training. Dr. Harold Dvorak was awarded a Research Career Development Fellowship for five years, Dr. Sanford Roth continues on his Faculty Fellowship of the American Cancer Society, and Dr. Scott McNutt has a King Trust Fellowship. Small grants from the hospital's General Support Research Grant have been especially helpful.

Dr. Dvorak's research has concentrated on a new form of cellular immunity, cutaneous basophil hypersensitivity (CBH), that he and his colleagues discovered. This form of immunity which develops when animals are sensitized to protein antigens, contact allergens, vaccinia virus and skin allografts, is characterized by infiltration of

the test site or graft with large numbers of basophilic leukocytes, a cell not to be confused with the tissue mast cell. Mononuclear cells also participate in the reaction, and their interaction with antigen is thought to be responsible for the attraction of basophils. Evidence for this mechanism includes successful passive transfer of the reactions with lymph-node cells, but not with serum, and the fact that lymph node cells from animals with CBH undergo enhanced thymidine incorporation and blast transformation when cultured in the presence of specific antigen. The findings are expected to have considerable importance in the understanding and possibly the treatment of a variety of human disease states thought to involve cellular immunity, such as contact allergy, certain autoimmune diseases, graft rejection and certain malignant tumors. Basophils have only rarely been seen in human tissues because most methods of fixation and processing fail to render them visible. Dr. Dvorak has recently developed conditions for identifying this cell type reliably in human-tissue section, and he and Dr. Martin Mihm have documented their participation in the cellular immune reaction to a contact allergen, poison ivy, as elicited on Dr. Dvorak's arm. With these methods it will now be possible to evaluate the role of basophilic leukocytes in a variety of inflammatory lesions in man.

Dr. Kilmer McCully has made further progress in understanding the molecular basis for the production of arteriosclerosis by homocysteinemia. The fibrous plaques of homocysteinemic rabbits were found to accumulate lipid when the animals were placed on a high cholesterol diet, and pyridoxine deficiency was found to result in fibrous arterial plaques because the deficiency resulted in homocysteinemia. Human cystathionine synthetase-deficient cell cultures were found to produce aggregated abnormal proteoglycans because of increased binding of inorganic sulfate, and the substance proved to be less soluble than the fibrillar proteoglycans of normal cell cultures, suggesting the explanation for the accumulation of metachromatic proteoglycans in the arterial plaques of children and experimental animals with homocysteinemia. Studies of the metabolism of homocysteine disclosed a new biochemical pathway for the formation of esterified sulfate, involving the oxidation of homocysteine to homocysteic acid and the reaction of homocysteic acid with ATP to form PAPS. The oxidation of homocysteine was found to be impaired in scurvy, resulting in a reduced synthesis of esterified sulfate of connective-tissue macromolecules from homocysteic acid. These findings suggest an explanation for the role of ascorbic acid in connective-tissue metabolism and also suggest the biochemical pathway by which homocysteinemia leads to increased sulfation of

arterial proteoglycan macromolecules. The increased binding of sulfate by the proteoglycans of cystathionine synthetase-deficient cell cultures, the discovery of PAPS synthesis from homocysteic acid, the inhibition of growth in scurvy and the discovery of the growth-stimulation effect of homocysteic acid suggest a relation to sulfation factor that mediates some of the actions of growth hormone. Dr. Roberta Ricci of the University of Rome, who is working in Dr. McCully's laboratory, has developed a new method for culturing matrix-producing chick embryo cartilage cells free of fibroblastic admixture. She is using the cartilage cell culture method to show that homocysteic acid has sulfation factor activity.

In Dr. Barbara Sanford's laboratory tissue transplantation is used as a tool for studying tumor immunity and physiologic genetics. During the past year evidence was obtained indicating that F_1 resistance to recent spontaneous parental-line tumors is immunologic, representing a more efficient response of the heterozygous mouse to tumor-specific antigens. A pilot study on the effects of immunosuppression on spontaneous and radiation-induced tumors with Dr. Henry I. Kohn of the Harvard Medical School was concluded, and the results are now being analyzed. Studies on neuraminidase-induced cell surface alteration were continued, and evidence was obtained suggesting that neuraminidase exposes an antigen against which guinea pig serum has natural toxicity. Collaboration was continued with Dr. John H. Codington and Dr. Roger W. Jeanloz on the chemistry of cell-surface sialomucin. Another long-term study of epidermal differentiation, using subcutaneous implants of embryonic skin, was continued in collaboration with Dr. Herman B. Chase of Brown University.

With Dr. Stephen Downing, Dr. Sanford Roth has been studying by freeze-etch and freeze-cleave techniques the membranes of the cells of the lamprey epidermis. The basal areas have been found to contain three types of membrane-associated particles rather than the one seen on most cell membranes. Their studies on the growth and differentiation of squamate epidermis and hair have continued. Collaborative studies were initiated with members of the Endocrine Unit on the immunochemical localization of parathyroid hormone in the parathyroid gland.

With various members of the department Dr. Robert Scully is continuing his review of ovarian tumors, with ongoing projects concerning arrhenoblastomas, malignant strumas, carcinoids of the ovary, and functioning ovarian tumors in children. With Dr. Stanley Robboy, a trainee in pathology, he completed a study of ovarian

teratomas with glial implants on the peritoneum.

Dr. Ronald Weinstein and Dr. Scott McNutt, trainees in pathology, continued their studies on the structure and function of cell membranes in normal and tumor cells. Attention was focused on the cell-to-cell junction, called the nexus, where specialized regions of plasma membranes of adjacent cells come into direct contact. This junction is thought to be an important route for intercellular communication by allowing the direct exchange of cytoplasmic constituents of small molecular weight. Using the freeze-cleave technique developed in their laboratory, they obtained evidence that nexus membranes are constructed of interlocking subunits and that hydrophilic channels may traverse these subunits, thereby providing a passage for intercellular communication. Previously they had demonstrated that invasive carcinomas of the cervix are deficient in nexuses as compared to the normal cervical epithelium. With Dr. Robert Hershberg of our resident staff they extended this work to include dysplasia and carcinoma-*in-situ* of the human cervix and found a deficiency of nexuses in severe dysplasia and carcinoma-*in-situ* but not in mild dysplasia. This work is important since it indicates that in some carcinomas abnormal cell-to-cell communication is a very early lesion and may exist many cell generations before invasion.

In collaboration with Dr. Paul Black and Dr. Lloyd Culp of the Infectious Disease Unit, Dr. McNutt began a study of cells transformed by tumor viruses *in vitro* using the 3T3 cell line transformed by SV40 virus. Important alterations which related to contact inhibition were found in the cell-surface-coat material and in the cytoplasm immediately subjacent to the membrane. Abnormalities in the cell membranes and junctions are under study. With Dr. Surl Nielsen and Dr. Vivian Pinn, residents in pathology, Dr. Weinstein and Dr. McNutt further elucidated the nature of another type of cell junction, called the "tight junction," by demonstrating a fibrillar component within the interior of membranes at this junction. Other features of the structure of membranes were found with Mr. Alexander W. Clowes, a Harvard Medical School student, who succeeded in making replicas of both halves of red-cell membranes that had been split by the freeze-cleave technique. This experiment proved conclusively that membranes are split by freeze-cleaving. The structures revealed in the interior membranes constitute important evidence that the old Davson-Danielli model of membrane structure must be revised.

Dr. Robboy was occupied with an in-depth prospective study of 45 patients with disseminated intravascular coagulation. In collabora-

tion with Dr. Robert W. Colman and John Minna of the Medical Service, this study set forth criteria for the clinical and laboratory diagnosis of this disease, with analysis of the etiologic mechanisms precipitating the onset of the syndrome and description of the anatomic pathology. Dr. Robboy helped Dr. Jacob Swartz of the Department of Dermatology in the development of a new stain for the demonstration of fungi in tissues, the unique feature of which is that the stain not only differentiates the organisms from the background tissue but also differentially stains the wall and the cytoplasm of the fungi.

Dr. Alan Schiller, a trainee interested in animal pathology, is completing a book, *Anatomy of the Guinea Pig,* with Miss Gale Cooper, a fourth-year student at the Harvard Medical School. This book will be published by the Harvard University Press. Dr. Schiller, who is also interested in bone pathology, conducted with Dr. Walter Putschar a new course entitled "Biomedical Materials" at the Massachusetts Institute of Technology, sponsored by the Departments of Metallurgy and Biomechanics. In this course they emphasized the application of modern materials science to internal surgical prostheses and the interaction of polymers, ceramics and metals with the human body. This course is the first such program under the new Harvard-Massachusetts Institute of Technology Health Science curriculum.

Dr. Leonard Atkins reports that 1970 was another record year for the cytogenetics laboratory. A total of 723 specimens was processed. This laboratory and the one headed by Dr. Park Gerald at the Children's Hospital are the two main cytogenetics laboratories in the state, and therefore over 60 percent of our material is derived from other hospitals, such as the Boston City hospital, Boston Floating Hospital and all the hospitals in Worcester. A new project begun during 1970 in conjunction with Dr. Peter V. Tishler of the Genetics Unit at the Boston City Hospital concerns the use of a fluorescent stain, Quinacrine mustard, to delineate further the characteristics of the human karyotype. This work, which was initiated by Caspersson and his coworkers, promises to provide an important advance in the field of human cytogenetics. The Y chromosome, which stains intensely with this dye, can be identified both in metaphase and interphase by this stain. Thus, it may be of considerable value in identifying abnormalities involving the Y chromosome.

Dr. James Caulfield, the pathology member of the Myocardial Infarction Research Unit (MIRU), has been studying cardiogenic shock. The extensive monitoring of patients, plus the fact that funds

are available to support an extensive autopsy survey, permitted him to investigate the effects of shock, both cardiogenic and extracardiac, on the myocardium. As anticipated by Wiggers in 1948, shock is associated with focal necrosis throughout the left and right ventricle, further impairing the cardiac output, which in turn causes more necrosis. This situation is a vicious cycle and must be interrupted before irreparable mysocardial damage is done. Dr. Caulfield is also working at the Shriners Burns Institute on the effect on muscle of exposure to 100 percent oxygen. Two lesions have been identified. The first is a metabolic myopathy involving the hind-girdle muscalature and hearts of guinea pigs. The results indicate that it is a hereditary cardiomyopathy and may serve as a model of dystrophy as well as a system extremely sensitive to oxygen toxicity. The second lesion involves the diaphragm of guinea pigs. hamsters and rabbits after exposure to 100 percent oxygen for 48 hours. The lesion consists of regions of segmental necrosis of the muscle cells and represents the first *in vivo* evidence of oxygen toxicity on skeletal muscle.

During the year many members of the Department of Pathology were called upon to lecture at medical schools and to give slide seminars at pathology meetings. Dr. Scully conducted seminars before pathology societies in Philadelphia, Milwaukee and San Antonio, and was guest participant in a symposium on Diseases of the Endometrium conducted at a meeting of the International Federation of Gynecology and Obstectrics in New York City. Dr. Austin Vickery spread the gospel on diseases of the thyroid gland at the Mt. Sinai Hospital in Miami and for the Miami Society of Pathologist. Dr. Sanford particiapted in a Conference on H_2 antigens as a guest of the Czechoslovak Academy of Science before attending the Third International Congress of the Transplantation Society in Prague. Dr. Weinstein organized and was chairman of a Session of Cell-Membrane Structure at the annual national meeting of the Biophysical Society. Dr. Castleman was a Visiting Professor for a week at the Makerere University Medical School in Uganda and then for a month in South Africa at the medical school in Johannesburg, Cape Town, Pretoria, Durban and Stellenbosch.

The statistics of the diagnostic examination are as follows:

	1969			*1970*		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	919	106	1,025	858	78	931
Autopsy percentage	65.1%			58.7%		
Surgical specimens	15,019	1,750	16,769	13,447	5,839	19,286
Microscopic preparations			93,595			91,083
Cytological specimens	10,043	10,694	20,737	12,539	10,154	22,693
Cytogenetics specimens	285	348	633	258	465	723

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Department of Psychiatry and the Hall-Mercer Hospital

The Hall-Mercer Hospital is integrated with the service, research and teaching functions of the Psychiatry Department of the Massachusetts General Hospital. The Hall-Mercer fund contributes to the support of staff.

I. Introduction

During 1970, the Department of Psychiatry continued its third year of reorganization and redirection. In the major clinical areas, considerable attention is being paid to improving the delivery system for mental health services. Teleconsultation, community outreach programs, "walk-in" clinics, the use of group techniques, and the focus on brief treatment are some of the newer ways in which services are being delivered.

Even with an optimal delivery system, the effectiveness of a treatment program will be limited by the quality of the product which is to be delivered. Both the basic research laboratories as well as the clinical services are engaged in broad ranged studies of the biological, psychological, and social causes of mental illness with the ultimate hope of increasing the effectiveness of psychiatric treatment.

II. Major Clinical Areas: Service, Training, Research

A. Inpatient Psychiatric Services (Dr. Bernard S. Levy)

The psychiatric inpatient service was reorganized two years ago under a therapeutic milieu. This change in program on the ward has been well received both by other departments in the hospital and by outside referring psychiatrists. The ward has been constantly full with a utilization of approximately 105 percent. Barry Krasner of Social Service and Marie Benoit, the head nurse, have continued their devoted and adroit service.

The inpatient service continues to be a popular experience for Harvard Medical students for their clerkships. This year it was included in the behavioral science course for first year students.

Innovations on the ward consisted of hospitalization of complete families. During the past we had primarily only hospitalized mothers and their infant children. This program was devoted to families in which both parents were clinically ill and where other forms of

treatment have previously been unsuccessful. Initial treatment results are encouraging.

B. Staff Consultation Service (Drs. T.P. Hackett, Avery D. Weisman, Benjamin R. Gill, Michael J. Bennett, Thomas F. Dwyer, Frederick G. Guggenheim, Alfred J.R. Koumans, and Danuta Stachiewicz)

The psychiatric consultation service sees approximately 3,000 medical and surgical patients a year. As an integral part of the residency training program, it provides a wide exposure to a variety of psychiatric conditions commonly found in a general hospital. Emphasis in training is placed on making an accurate diagnostic appraisal and in formulating a practical program of therapy. Our concept of treatment in liaison psychiatry consists of two parts. First is in the use of direct intervention techniques such as short-term or limited-goal therapy, drug therapy, hypnosis and other somatic treatment methods. Second, the resident must learn ways of helping the medical and surgical staff understand how emotional difficulties contribute to the patient's disease. Our intention is to help the staff use the psychological knowledge taught them to effect better patient care. In addition to consulting on individual problems and making appropriate recommendations, the resident takes part in teaching exercises with nurses and social workers via social service rounds and nursing groups. Each psychiatric resident is assigned to one primary ward where he takes part in all of the ward's functions. The resident also has one or two secondary wards where he sees only those patients in need of immediate psychiatric care. There is usually one rotation during the resident's six months on the service. Generally the resident will switch his primary ward from a medical to a surgical, or vice versa.

The demand for psychiatric consultation has increased at a considerable rate over the past ten years. Whereas in the past the consultant was called in to see only obviously psychotic patients or to dispose of patients requiring commitment, he now takes a much more active part in the general care of medical and surgical patients.

During 1970 the consultation service was engaged in several areas of research: (1) *Cardiovascular Research.* This is the fourth year of a project designed to investigate the reactions of patients with acute myocardial infarction. There are three parts to the study. The first has to do with the prehospital phase and the emphasis here is on determining those factors important in why patients delay seeking help for the early signs or symptoms of heart disease. The second phase has to do with the inpatient experience and is designed to

locate and minimize areas of psychological stress in the CCU and in the convalescent wards. This phase centers around the psychology of acute stress. The third stage has to do with cardiac convalescence and rehabilitation. The main emphasis is on finding ways of coping with the depression, anxiety and failure to achieve maximum rehabilitation results. (2) *Medical Hypnosis.* A seminar on medical hypnosis is given twice a year by Dr. Hackett. The emphasis is on teaching methods in induction as well as indications and contraindications for its application. There is a research project on the removal of warts by hypnosis, conducted by Dr. Owen Surman and Dr. Shelton Gottlieb of the dermatology service. Using a polygraph with thermisters, it is our hope to uncover information on the physiological concomitants of wart regression. Data is being accumulated on the usefulness of hypnosis in premature ejaculation and potency disturbances. We are particularly interested in determining the type of individual most apt to be helped and on establishing a standardized technique for doing so. (3) *Chronic Pain Syndromes.* An ongoing project on the evaluation, diagnosis and management of chronic pain syndrome continues in conjunction with the neurosurgical department. (4) *Delay in seeking treatment for the signs and symptoms of cancer.* A survey of over 500 tumor clinic patients has been made using interviewer administered questionnaires. Twenty-seven questions were designed to investigate the reasons why patients put off visiting physicians when they first discovered their tumors. (5) *Visceral Learning.* Operation Rate Drop is a project set up in an effort to use visceral learning techniques in the treatment of rhythm and rate disturbances in cardiac patients. In conjunction with Dr. Craig Fields of Harvard University, Department of Social Relations, the following residents are involved in this work: Thomas Stewart, M.D., Gerald Lazar, M.D., Arthur Froese, M.D., Steven Nickman, M.D., and Paul Johnson.

C. Psychiatry Clinics (Drs. Aaron Lazare, Gary Jacobson, Joseph Schwartz, John Renner and Thomas Harford)

The Psychiatry Clinics (Acute Psychiatric Service and Psychiatry III) provided approximately 25,000 patient visits to 6,000 patients during 1970. Patients are evaluated on a walk-in basis in the APS or by appointment in Psychiatry III where priority is given to intraclinic referrals.

In order to deal with the heavy service demands in the Acute Psychiatric Service, we have developed and are implementing the use of six-session crisis group therapy, waiting room group therapy, and individual brief psychotherapy. Special attention is paid to

understanding the consumers' expectations as a key to engaging patients in a therapeutic encounter. Fifteen models of patient expectations have been described. Current research in this area is designed to study the relationship of patient expectation to therapist response, treatment outcome and other variables.

During 1970, clinical depth was considerably enhanced by the appointment of Dr. Schwartz (Psychiatry III) and Dr. Renner who is coordinating both the alcohol and drug addiction program in the clinic.

Residents at all levels have been successfully encouraged to undertake clinical research in the clinic. By the year's end ten residents were studying the following:

1. A comparison of diazepam and chlorpromazine for the treatment of the "bad trip"
2. Patients who present with known addiction.
3. A comparison between patients who present with heroin addiction versus those who present with amphetamine addiction.
4. Emergency room referrals.
5. Patients who use the "hot line" between midnight and 8:00 A.M.
6. Waiting groom group therapy
7. Six-session crisis groups
8. Patient expectations in the APS

By 1970, the third year of the clinic reorganization, the APS and Psychiatry III have become "chief resident services". The chief residency is now a highly sought after job. First year residents continue to provide most of the direct service in the clinic. Their carefully supervised clinic experience reflects the department's recognition of the growing importance of ambulatory treatment in psychiatry.

D. *Private Psychiatric Consultation Service* (Dr. Gary Jacobson)

The Private Consultation Service was instituted in July, 1969, to establish more effective coordination with the other services of the hospital. It provides direct clinical care to Baker and Phillips House patients. During the first eleven months of 1969, 82 psychiatric emergencies were seen, and 91 hospital follow-ups were made on emergency cases to insure proper crisis management. An additional 140 patients were seen in nonemergency psychiatric consultations.

Outpatient private referral is provided both to patients originally seen in the hospital and to other patients. The Consultation Service is in regular touch with approximately 70 psychiatrists in the Boston

area. These include the MGH staff members and other psychiatrists who have worked with our staff. During the first eleven months of 1970, 201 patients have been placed in private therapy including both adults and children.

Indirect patient service includes coordination of psychiatric efforts with the nursing department and especially with the psychiatric nurse-clinicians. Clinical coordination and teaching efforts are also directed towards social service and medical and surgical house offices involved with the cases being seen. A paper has been prepared to assist the referring physician with problems of informing and preparing the patient for psychiatric referral

E. Child Psychiatry (Drs. John H. Lamont, Norman R. Bernstein, Richard R. Peebles)

The major changes in the past year in the Child Psychiatry Unit have been:

1. A continued increase in caseload, with about a 30 percent increase in the number of patient visits.
2. A continued increase in the proportion of cases from the lower socioeconomic brackets, with learning difficulties, minimal brain dysfunction and cognitive disorders.
3. The three-month rotation of second-year residents in the Basic Residency Program, giving them experience in this Unit, Fernald, Cambridge Court Clinic and the Child Development Lab. In addition, the residents carry a few treatment cases through the year.
4. Greater use of carework, family therapy and group therapy for children referred.
5. The staff have engaged in teaching and consultation at the Bunker Hill Health Center and the Teleconsultation Service.
6. Medical students not only from Harvard but also from other medical schools outside of Boston have taken electives in the Unit.
7. Plans for collaborative service with the Lindemann Mental Health Center have been initiated.
8. Trial of the World Health Diagnostic Classification has been undertaken.

F. Teaching Medical House Officers (Drs. Thomas F. Dwyer, Michael Bennett, Frederick Guggenheim)

This program's aim is to provide physicians with additional skills in psychological diagnosis and management that will enable them to detect and respond effectively to emotional disturbances in their patients.

During the calendar year of 1970 the program's goals have been

facilitated by the use of a portable video tape recorder. With the permission of the house officer and the patient, interviews are recorded on the ward or in whatever medical setting is appropriate to the transaction. The recording is played back on a portable television monitor before the house officer and one of our instructors with a full discussion of the interaction of the doctor and patient on each other.

G. Alcohol and Drug Services (Drs. Aaron Lazare, John Renner, Sidney Green, Charles Mullin, Sherwin Feinhandler and Geri Steiner)

For many years the Department of Psychiatry has had a major interest in the development of services for the alcoholic. To keep pace with changing patterns of addiction, we have expanded our program to include both the alcoholic and persons abusing other drugs. There have been several additions to our clinical services and further expansion is planned particularly in our program for drug addicts.

1. A special alcoholic evaluation team has been established to screen all new alcoholics in the Clinic and their families, in order to work out and coordinate a comprehensive treatment plan. To provide ongoing education and case supervision, we have instituted weekly seminars on alcoholism for members of the Clinic staff. During the last year, we have also increased our consultation services to other community agencies. This includes group therapy sessions for recovered alcoholics on the staff of the Pine Street Inn and work with the Probation Department of the City of Boston and with CASA (Community Association Serving Alcoholics) to establish new treatment programs for alcoholics.

2. The program for Leadership and Preprofessional Training in Alcoholism was terminated in June, 1970. As a substitute, we have worked with the Departments of Social Service and Nursing to develop a two-month Training Program in Alcoholism for experienced professional nurses and social workers. This is being carried out in cooperation with NIMH and will be held in the spring of 1971. A high level training program is being planned; faculty members will include many distinguished national authorities on alcoholism.

3. Dr. Mullin is developing a program to test the effectiveness of some newly-developed aversive conditioning techniques for the treatment of alcoholics. This will provide a new treatment modality for the Clinic and will, in addition, be a source of valuable research information.

4. A short term methadone withdrawal program has been

established to handle the heroin addicts seen in the Clinic. In conjunction with this, staff members have been providing consultation to Project Turnabout, a self-help drug rehabilitation program, and to the Boston area NARA (Federal Narcotic Addict Rehabilitation Act of 1966) program which is being administered by the East Boston Social Centers, Inc.

5. Dr. S.J. Feinhandler and Dr. G. Steiner are conducting a research project, as part of the activities of the alcohol clinic, which involves studying several aspects of initial contact communication between therapist and alcoholic patient during evaluation sessions. The contents of verbal and nonverbal channels of communication as a function of subcultural and personal values, expectancies, and moods of therapist and patient are under investigation. Therapists are being invited to view their own sessions, providing insight for research purposes, and feedback on their behavior as psychiatrists. Results of this study may have application in resident training programs and procedures for matching therapist and patients to facilitate communication.

H. Teleconsultation and Telepsychiatry (Dr. Thomas F. Dwyer)

1. *Teleconsultation:* An interactive television system between Bedford Veterans Administration Hospital and MGH began operation in March, 1970. The system is being used to provide patient care, teaching and research in various disciplines. Psychiatric residents and staff have participated both as consultants and trainees in this new technique.

2. *Telepsychiatry:* The interactive television connection between the Medical Station at Logan Airport and MGH beginning in mid-1969 and continuing through 1970 has been increasingly used for psychiatric evaluation and consultation. Beginning in September, 1970, a program reaching out into the East Boston and Nahant communities has provided psychiatric consultation to school teachers, probation officers, and others who are concerned with children.

I. Psychology Service (Drs. Sherry B. Autor, Richard R. Peebles, Mrs. Susan Quinby, Mrs. Anne Alonso, Miss Ellen Daniels)

Clinical Psychology has a major commitment to service, training and research. The Psychology Laboratory offers hospital-wide psychological services for adults and children to aid in diagnosis and treatment planning for medical, surgical, neurosurgical and psychiatric patients. Psychological evaluations deal with:

1. Personality Assessment for diagnosis and disposition of patient with psychiatric problems.

2. Differential diagnoses in question of functional versus organic etiology.

3. Evaluation of intellectual level and vocational aptitudes for assistance in school and vocational planning.

4. Evaluation of cognitive functioning for diagnosis and treatment planning for neurological patients.

Training in Clinical Psychology, initiated in October, 1968, has continued to develop. There are currently eight interns. In view of the large demand for well-trained clinicians in the mental health field, training efforts are being expanded to include professional-level subdoctoral interns as well as doctoral interns.

Psychology interns have the opportunity to train in all of the clinical and research psychiatric units at the MGH. Training experiences with community problems and preventive approaches to mental health are part of the program. There is an emphasis on crisis intervention and on mobilizing community and family resources to help the patient.

Psychology helped develop and is co-leading a multidisciplinary didactic and clinical training program in family therapy in the Department of Psychiatry. Psychologists are also engaged in research projects with other members of the Psychiatry Department in crisis and family therapy.

J. The Bunker Hill Health Center (Drs. Alvin J. Simmons and William H. Sack, Miss Barbara Burns, Rev. Stuart Hoke and Fr. Thomas Panowicz)

The Bunker Hill Health Center is an extension of the MGH in the Charlestown neighborhood of Boston designed to deliver comprehensive, family-centered health care with coordinated and continuous services available and accessible to all the residents of the community.

The Community Mental Health Services have been in full operation for two years. The interdisciplinary staff is made up of members of the professions of psychiatry, psychology and the clergy. The services are integrated with the total health care services of the Center in order to evolve a blend of the psychosocial and biomedical approaches toward patient care. Families are assigned to health teams, and it is within the team framework of primary health care that our community mental health efforts are geared.

The Community Mental Health Staff is examining a variety of innovative techniques to learn more effective ways of providing services to the individuals, families and institutions in Charlestown. Therapy is directed towards maintaining the person in his

community by increasing the effectiveness and appropriateness of his coping mechanisms and by coordinating the efforts of existing community agencies toward intervening on behalf of the patient and his family. Therapy procedures have a crisis orientation and treatment is often directed towards the immediate interaction between the patient with his predicament, the significant others and his life situation.

An aftercare program for persons hospitalized at Boston State Hospital has been serving local residents. A mental health consultation service to both the public and nonpublic schools has been developed this past year. In addition, a variety of individual therapeutic strategies have been developed and activity groups are functioning for pre-adolescent and adolescent boys and girls in cooperation with community agencies and institutions. A mental health consultation service is beginning to develop with the local clergy with the aim of integrating our services more effectively with these important caretakers for early identification and more prompt treatment of those whom they serve. We are attempting to design our services in a manner congruent with the life style of the patient and with the flexibility which allows for immediate response to need without developing waiting lists.

In addition to providing direct services, we shall continue to implement consultation services to community caretakers and institutions as well as develop other preventive and health education programs. This year, we shall actively pursue such programs as an alcohol and drug education and information program in cooperation with Charlestown High School; a mental health education program for the well-child services delivered at the Center; and a mental health information referral and liaison services with the Headstart program. The staff has participated in education efforts sponsored by the churches, the schools and other community agencies, through talks and panel presentations on various mental health topics.

Continued participation in the training of postdoctoral fellows, psychiatric residents and psychology interns from MGH as well as clergymen from the MGH School of Pastoral Care, in community mental health will be carried out as an integral part of the program.

The Staff has also been involved in the planning and integration of the programs and operations of the Lindemann Mental Health Center which is designed to service the mental health needs of a client population area of which Charlestown is a part.

Current research efforts include a study of our indirect service activities and a descriptive study involving a comparison of the

characteristics of our services and patients with those of a mental health outpatient facility in a neighboring community.

K. Community Mental Health Training Program (Drs. Robert L. Bragg, Helen M. Herzan, Clara Mayo, Alvin Simmons and Miss Mary Kearney)

This postgraduate training program in Community Mental Health for psychiatrists, psychologists and social workers was initiated in 1955 at MGH and involves the Departments of Psychiatry (psychiatry and psychology) and Social Service. This is a training program for teaching Community Mental Health concepts and practices in a one-year or two-year program for psychiatrists, one year for psychologists and ten months for social workers.

The program is one in which seven areas for training are emphasized: (1) community processes and systems analyses; (2) epidemiology; (3) crisis intervention; (4) mental health consultation; (5) group dynamics; (6) research training in community mental health; and (7) communication and education.

During the first part of the calendar year 1970 there were ten trainees: 7 social workers; 2 psychologists; and 1 psychiatrist, all of whom received certificates for completion of the program in June, 1970. For the last half of 1970 there were 8 trainees: 5 social workers; 2 psychologists; and 1 psychiatrist. During the calendar year there were some changes in the program, the major one being a shift in emphasis of field station placements from the Human Relations Service of Wellesley to facilities in the Government Center catchment area, specifically, the MGH-Bunker Hill Health Center and the North Suffolk Mental Health Clinic. There were also some changes in focus for the various seminars as well as site for them.

L. *Erich Lindemann Mental Health Center*

Construction of the Erich Lindemann Mental Health Center – located in the Government Center building complex – was completed in 1970. Dr. Gerald L. Klerman was appointed Superintendent of the Center as well as Clinical Director of the Department of Psychiatry at the Massachusetts General Hospital. The Mental Health Center will provide services to the communities of East Boston, Charlestown, Chelsea, Revere, Winthrop, and the North End, West End and Beacon Hill areas of Boston. There will be a gradual phasing in of services during 1971 and 1972.

The Mental Health Center will be integrated with the Department of Psychiatry at the Massachusetts General Hospital to the extent that the staff will have joint appointments in both institutions, a single residency program will service both institutions, and a single

clinical director (Dr. Klerman) will coordinate operations at both institutions. The Department is convinced that this administrative structure will be in the best interest of the Massachusetts General Hospital, the Lindemann Mental Health Center, and the community.

Other appointments at the Center include:

Norman Bernstein, M.D. – Director of Mental Retardation Services

Jack Clark, M.D. – Director of Chelsea-Revere Community Division

Frank Paolitto, M.D. – Director of the Inpatient Unit

Aaron Lazare, M.D. – Director of Adult Outpatient Services at MGH and the Mental Health Center

Gary Jacobson, M.D. – Associate Director of Outpatient Services at the Mental Health Center

III. Major Areas of Research Not Associated With Clinical Service

A. Psychiatric Research Laboratory (Drs. Seymour S. Kety, Ross J. Baldessarini, Steven W. Matthysse, Manfred Karobath, Matti O. Huttunen, Joseph F. Lipinski, Michael H. Ebert, Jose-Luis Diaz, and Jeffrey Gilbert; Predoctoral Fellows, Charles Popper, James Macon)

The Psychiatric Research Laboratory under the general direction of Dr. Kety has continued its research in the following areas during the past year:

1. *Genetic-Environmental Interactions in the Etiology of Schizophrenia* (Dr. Kety in collaboration with Drs. David Rosenthal and Paul Wender at the NIMH and Dr. Fini Schulsinger at the Psychological Institute, Copenhagen, Denmark)

This study utilizes adoption as a means of disentangling genetic and environmental variables in the transmission of schizophrenia. Earlier work by this group has examined the types and prevalence of mental illness in the biological and adoptive families of adopted individuals who became schizophrenic. By resorting to excellent population and psychiatric records available in Denmark, 5,500 adoptees were identified in greater Copenhagen of whom 33 were characterized as schizophrenic. The biological and adoptive relatives of these and an equal number of matched adopted controls who were not known to be mentally ill were identified. A highly significant concentration of schizophrenia-related disorders were found in the biological relatives of the schizophrenic adoptees as compared with their controls and with the adoptive relatives. In addition to yielding evidence that genetic factors play a role in the transmission of schizophrenia, the study has indicated

that the so-called "acute schizophrenic reaction" may not necessarily be related to schizophrenia while "borderline schizophrenia" is probably a milder form of the same illness. What appears to be transmitted genetically is not schizophrenia as such but a predisposition which requires other factors, probably environmental, the occurrence of which appears to be required for the development of schizophrenia and modifies the form which it will take. Research in the past year has increased the size of the sample to cover all appropriate adoptions throughout Denmark and has involved careful psychiatric interviews of the biological and adoptive relatives in an effort to define more clearly the mode of genetic transmission and the environmental variables which appear specifically to operate.

2. *Neuropharmacology*

Research is continuing on the processes involved in the synthesis, storage and release of biogenic amines, especially the catecholamines in the brain, with an appreciation of their implications for mental state and behavior. In the course of the past year, techniques have been developed for the isolation of synaptic endings and of synaptic vesicles and their study as relatively pure systems. Synaptosomes were shown to carry many of the characteristics of whole brain and brain slices with respect to synthesis, storage and release of norepinephrine (Dr. Baldessarini). End-product inhibition of tyrosine hydroxylase was shown to occur in synaptosomes (Dr. Karobath).

On studies designed to elucidate the effects on offspring of maternal stress during gestation, it was found that a daily stress of five minutes duration from the 15th to the 19th day of pregnancy in rats induced a persistent increase in norepinephrine turnover in the brains of the offspring (Dr. Huttunen). This may be related to alterations in behavior which have been reported in such offspring.

The effects of L-dopa administration on transmethylation in the brain have been examined (Drs. Baldessarini and Matthysse in collaboration with R.J. Wurtman, C.M. Rose and J.P. Chalmers of MIT). After a large dose of that amino acid a profound fall in brain levels of the crucial methyl donor, S-adenosylmethionine, was found. More recently, this has been found to be associated with a significant impairment in the o-methylation of norepinephrine in the brain. Another potentially important effect of L-dopa administration, this time on the metabolism and levels of indoleamines in the brains has been found and investigated (Drs. Karobath, Diaz, Huttunen).

3. *Biochemical Studies in Schizophrenia*

Studies designed to elucidate possible alterations in biological transmethylation in schizophrenia are continuing (Drs. Matthysse, Lipinski); examination of methionine metabolism in cultured leukocytes from schizophrenics have not revealed significant differences between these and normal cells. Gas chromatographic procedures are being developed for the determination of methylated compounds in the urine and body fluids which will ultimately be applied in further testing of this hypothesis. A genetic model relating schizophrenia and homocystinuria is being examined (Dr. Matthysse in collaboration with Dr. Erlenmeyer-Kimling, New York Psychiatric Institute) by studies on a population born of two schizophrenic parents.

The effects of two classes of drugs (phenothiazines and butyrophenones) on dopamine release in the brain are being examined (Drs. Matthysse, Ebert and Lipinski) in an effort further to explore the differential effectiveness of drugs from both of these groups in the treatment of schizophrenia and the possible implications this may have for biological processes involved in that disorder.

An examination of certain aspects of brain metabolism associated with amphetamine toxicity or porphyria, two states which are known to produce mental changes difficult to distinguish from schizophrenia, is being initiated (Drs. Diaz, Huttunen), in an effort to determine what neurochemical features these processes may have in common.

4. *The Possible Role of the Central Adrenergic System in Learning*

Studies have been initiated in which the adrenergic system of the brain is impaired by lesions of the medial forebrain bundle (Dr. Matthysse) or by drugs (Mr. Popper) in order to evaluate the role of that system in the acquisition, short-term memory, consolidation and performance of a learned behavior. The results thus far have indicated some effects upon learning and effort is being directed toward elucidating the effects upon particular components of the process.

B. Child Development Laboratory (Drs. C. Keith Conners, Michael Murphy, and Gerard H. Rothschild)

Several studies on children with behavior or learning disorders have been completed during the past year:

1. Controlled clinical comparison of amphetamine, magnesium pemoline, and placebo.

2. Development of an objective classification of childhood behavior disorders, using computer clustering methods.

3. Development of an objective scoring method for classifying types of reading disorders in children.

4. Studies of drug effects on cortical evoked potentials in children with learning disorders.

C. Stanley Cobb Laboratories for Psychiatric Research (Research Staff: Drs. Terry Anders, Frank R. Ervin, Charles Feldman, Warren Foote, James L. Fozard, Michael T. McGuire, Hideo Sasaki, Nancy Waugh, Mr. Gordon Carr; Clinical Staff: Drs. Carlos Climent, Gary Jacobson, Michael H. Nelson, Lawrence Razavi, Loren Roth)

The Stanley Cobb Laboratories is engaged in four broad areas of psychiatric research: neurophysiology and functional anatomy; human psychology; applications of communication and information theory; and clinical psychiatry.

Neurophysiology and Functional Anatomy

1. Quantitative analysis of unit response in cat striate cortex:
   a. computerized stimulation, sampling, and receptive field analysis
   b. variation in cortical receptive fields as a function of light adaptation
   c. sequential variability in receptive field as a function of arousal level and barbiturate anaesthesia
   d. mathematical simulation of movement sensitive complex striate units
2. Neurophysiology of chemically identifiable neurons.
3. The relationship of limbic system to affective behavior in man.
4. Cytogenetics and sexual crime.
5. The effect of intracerebral focal pharmacologic agents on experimentally induced rage in the cat and monkey.
6. Role of limbic system in addictive and withdrawal states in experimental animals.
7. Effect of brain alteration on primate social behavior.

Psychology-Human

1. Aging and the selection of information.
2. Temporal discrimination of remembered events.
3. The rate at which subjects scan and retrieve information in short-term memory.
4. The extent to which storage load affects the processing.
5. The rate at which information is transferred from short-term

to long-term memory.

6. The rate at which information in short-term memory is forgotten by normal young adults, Korsakoff patients and elderly subjects.

7. Recovery of memory after EST.

8. Expectancy effects in choice reaction time.

9. Effect of storage load on processing, retention, and retrieval of verbal information.

10. Retrieval of information from very long-term memory.

11. Time to identify verbal and pictorial stimuli by older and younger subjects.

12. Information-processing as a function of rate of input.

Communication and Information Theory and Applications:

1. Use of computer to control cognitive experiments.

2. Computer processing of neuroelectric data. Remote detection of subcortical activity.

3. Commonality of language systems in relation to therapeutic involvement.

4. Computer application to biofeedback methods.

5. Automatic Information Processing: Continuing studies with the time shared computer and human Ss into the automatic information processing characteristics of cognition.

6. Automated Medical History: The development of a computer based facility which takes medical histories from medical clinic patients.

Clinical Psychiatry:

1. Survey of federal prisons.
   a. survey of biologic abnormality in a federal prison
   b. survey of psychological abnormality in a federal prison
   c. study of violent offenders in a federal prison

D. Project Omega (Drs. Avery D. Weisman, J. William Worden, Frederick G. Guggenheim, Harry S. Olin, Mr. Joe P. Lemon, Mrs. M.L. Vallier, Mr. L.C. Johnston, Mr. R. Sterling-Smith)

The purpose of Project Omega is a multidisciplinary investigation of psychological and social factors in pre-terminal and suicidal patients.

During the past year, Omega staff members have participated in the following hospital activities:

1. Suicide Review Committee

An extensive analysis of how suicidal patients are managed when they appear in the Emergency Ward and are admitted to the General Hospital has been undertaken. We hope that this will lead

to a more effective use of facilities and of personnel.

2. Social Significance of the Danger List

An article with this title, reporting results of previous investigations, is currently awaiting publication in the Journal of the American Medical Association.

3. Risk Rescue Rating

Project Omega has devised and is currently using a rating scale for assessing the lethality of suicide attempts.

4. Effect of psychosocial factors on average survival from malignant illness.

5. Toxicity scales for 30 most commonly used drugs from suicide ingestion.

6. Comparison of the "Significant Key Other" in terminal illness and pre-suicidal events.

7. Several articles have either been published or are in press, related to Project Omega.

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital

Little did we think, a year ago, when our last report described the aura of excitement in cancer research, that such a stirring development would occur as has been reported recently. Work of Drs. Howard Temin of Wisconsin and David Baltimore of M.I.T. identifies an enzyme in cancer-producing viruses of animals which codes the cancer-inducing message of the virus back into the gene of the host cell. Once situated in the genetic fabric of the host cell, this encoded information is passed on to generations of new cells, the normal cells being transformed into tumor cells. Such an "RNA-DNA polymerase" has now been found in many tumor viruses. Although initially thought to be a possible unique characteristic of a tumor virus as compared with other viruses, such is not the case, and this reverse transcriptase is found in some normal mammalian tissues also. This enzyme is nevertheless an important new focal point for studies on the transformation of normal cells into malignant ones. In response to the growing parallel to the human cancer problem, our laboratories are turning increasingly to the study of viral tumors.

Detailed Discussion of Laboratory Activities

Studies on a model animal virus tumor system:

For the past half-dozen years we have been investigating the avian myeloblastosis virus, which produces leukemia in chickens within three weeks after injection of virus into the newborn chick. This is a convenient model system, since at the height of the disease there are 10^{12} viral particles – that is, a trillion viral particles – per milliliter of chicken blood. If one injects 200 chicks each week with small amounts of virus, enough virus is produced to be harvested and analyzed biochemically. To be honest, however, it is painful to set up this virus collection program, and it requires continuous devotion and skill from the staff to provide the quantities of virus necessary for the painstaking work we shall now mention.

Dr. David Allen has used 14,000 chickens up to the present time to purify two proteins which are characteristic of chicken tumor viruses. These are the so-called gs-a and gs-b antigen proteins, which serve as fingerprints of the presence of the virus in the chicken. The former has a molecular weight of 23,000, and the latter a molecular weight of 11,000. With the aid of Dr. Hugh Niall of the Endocrine

Unit, and with the amino acid sequenator which Dr. Niall has helped to devise, about 25 residues of each protein have been sequenced. These represent about one-eighth of the structure of one and one quarter of the structure of the other protein. It is thus hoped that the complete structures of both of these important tumor proteins will in time be resolved. By this means one hopes to obtain direct information about the genes of RNA tumor viruses, and how these proteins are in certain cases inherited by the host animal. Even before the recent exciting work of Temin, we had our lantern pointed in the right direction, and were beginning to dissect the chicken tumor virus in several ways. It had been found by others that the virus particle (or virion) unexpectedly contains transfer ribonucleic acid, a magical molecule discovered in our laboratories 15 years ago. This virion transfer RNA translates the message of the gene into that of the proteins of the cell. It appears that part of the fifth column activity of the tumor virus is to modify the transfer RNA of the cell so that certain messages of the virus are preferentially transcribed. The effect is to convert the metabolism of a law-abiding cell to the uncontrolled growth state of the tumor cell. These above inferential statements are beginning to be clothed in a little substance, as a result of current work of Drs. Kurt Randerath and Leonard Rosenthal. They find the minor base constituency of the tumor virus transfer RNA to be different from that of normal chicken tissue. This modification would be expected to alter the normal activity of the transfer RNA.

Drs. Mary Stephenson and Roy Wirthlin are also embarking on the ambitious project of isolating and beginning to sequence the high molecular weight ribonucleic acid of this tumor virus. This RNA is the informational molecule whose contents are transcribed backwards and inserted into the genes of the host cell, to its detriment. This project, and the analysis of the minor base composition of the transfer RNA, both will rest on the elegant microanalytical techniques for ribonucleic acid analysis developed in these laboratories over the past eight years by Drs. Kurt and Erika Randerath.

Growth regulation in normal and malignant tissues:

One aspect of the intracellular economy which is strikingly different in the tumor cell as compared with a normal, non-tumor cell is the observation that the "workbench" on which proteins are synthesized – the ribosome – is far more stable in the former than in the latter. Dr. Jesse Scott was one of the first to call attention to this phenomenon, and the basis for this striking difference is currently

under investigation in his laboratory. This study will extend from transplantable animal tumors to viral-induced transformation in tissue culture lines: a system in which the cell of origin of the malignant line resulting from the transformation is clearly defined.

The recognition site of the transfer RNA molecule for its cognate ligase remains an intriguing problem which is the subject of investigation here by Drs. David Coleman and Irvin Hirshfield, and in other laboratories as well. It is becoming apparent that the molecular basis for this highly specific reaction lies concealed in the complex folding of the molecule. Studies in Dr. Scott's laboratory are currently directed toward revealing the relation between the higher order structures of transfer RNA and its recognition of the aminoacyl ligase.

Dr. Nancy Bucher continues to study the mechanisms by which growth of normal organs is regulated, the model under investigation being regeneration of rat liver. Her experiments have implicated a humoral mechanism, for which she is seeking a sensitive means of assay, presently exploring the use of tissue cultures for this purpose.

Activities of the Hormone Group working with Dr. Lewis Engel:

The regulation of the amounts of those steroid hormones that are influential in modifying the growth of human breast or prostatic tumors is imposed at many levels. The principal control is by the hypothalamus and pituitary, through the releasing factors and tropic hormones; fine tuning, however, can be imposed at the cellular level by altering the kinetics of synthesis of the active hormones and by the reversible conversion of the active hormone into an inactive form. Two aspects of the fine tuning have been under intensive investigation in the Hormone Laboratory during the past year.

The mechanism of biosynthesis of the estrogens by human placental tissue is being studied by Dr. Emmett Braselton, who has identified 19-oxoandrostene-dione and 19-oxotestosterone as metabolites of androstene-dione and testosterone by the technique of gas chromatography-mass spectrometry, and by comparison of the isolated compound with the synthetic compound prepared by Dr. James Orr. In addition, unidentified substances have been revealed by thin-layer chromatography, that may be additional intermediates between 19-oxoandrostenedione and the final product, 17β-estradiol.

The human placenta contains a soluble enzyme that, in the presence of pyridine nucleotide cofactors, interconverts the biologically active 17β-estradiol and its inert oxidation product, estrone. This enzyme has been prepared in pure form, and its chemistry is

now being studied by Dr. Donald Burns. Amino acid analysis shows that it has no unusual features. Using the technique of Sanger, it has been shown that the amino-terminal residue is alanine. The determination of molecular weight has been troublesome because of the peculiar properties of the enzyme, which include aggregation and loss of catalytic activity in the cold and in the absence of stabilizers such as estradiol, estradiol analogues, or, more commonly, glycerol. Amino acid analysis and polyacrylamide disc gel electrophoresis under conditions that promote dissociation of subunits gives a value of the order of 30,000 daltons, while ultracentrifugation under special conditions gives a value approximately twice as great. Further studies of the chemistry and catalytic properties of this enzyme may be expected to shed light on its role in regulating the level of active estrogen.

Clinical studies on cancer:

Dr. Alan Aisenberg's approach to the immune defect in Hodgkin's disease continues to center on the thymus. It has been possible to fractionate rodent thymocytes and small lymphocytes from thoracic duct lymph on discontinuous bovine serum albumin gradients. The various fractions are then analyzed for size distribution on a Coulter Counter. From these studies, it is evident that despite a similar appearance under the light microscope, the rat thymocyte is in fact a smaller and denser cell than the small lymphocytes. This finding helps define the interactions between the various lymphoid cell lines and provides methodology which should prove useful in studying man.

In the clinical area, the introduction of laparotomy as a diagnostic study employed at the onset of Hodgkin's disease has yielded interesting data. In a group of 30 selected cases, it has become clear that the spleen is the first abdominal organ involved in the spread of Hodgkin's disease originating in the neck and chest. Further, it appears likely that the celiac and paraaortic nodes draining the spleen become affected only after the latter organ is diseased. These findings have proven of value in understanding the pathogenesis of Hodgkin's disease and in selecting treatment from the increasingly effective alternatives of radiation and combination chemotherapy.

The clinical research of Dr. Rita Kelley in the area of breast cancer – the most common form of malignancy in the adult female – centers around cooperation with the National Cooperative Breast Cancer Group in therapeutic trials of new steriod compounds. Her attention is also being directed toward combinations of chemo-

therapy and hormone therapy in an attempt to launch a multifaceted attack on various phases of growth of the proliferating cancer cell. In lymphomas beyond potential cure by radiotherapy, a similar combined attack is being utilized in an effort to define the most efficacious use of the increasing numbers of effective chemotherapeutic agents for maximum effect with tolerable toxicity. Such use of combined therapy is already demonstrating its capacity to add useful palliation to patients whose disease is unapproachable by single agents, but requires meticulous attention to dosage, timing and blood counts. Drs. W. Davies Sohier, Robert Carey, and Richard Williams complete the Chemotherapy Group, and together with Dr. Kelley carry the brunt of the chemotherapeutic approach to the cancer problem. Needless to say, it is to this point that our efforts must in the end be directed, if we are to convert the promise of the laboratory into the reality of a brighter future for the cancer patient.

A backward glance:

In the speed of progress of science, as well as in other facets of life, there is scant time for the backward glance, or a nod toward a moment in history to which we owe a little debt. Let me mention one, however. In 1956, Dr. Joseph Aub retired, after 28 years as Director of these Huntington Laboratories. He determined in his retirement to study the nature of the cancer cell surface, which he suspected was different from that of the normal cell. After seven years of courageous probing, he uncovered the fact that a phytohemagglutinin (a complex plant substance) caused cancer cells to clump, or agglutinate, preferentially as compared with normal cells. At this point, he published his results and retired for the second time. This observation slumbered for five years, then was confirmed and extended initially by Max Burger, a young Princeton investigator, and later by numerous others.

Dr. Aub's initial finding has thus grown into an exciting development of new knowledge on the nature of the cancer cell surface, and is closely linked to the lack of contact inhibition which is a hallmark of the aberrant social behavior of the cancer cell.

Hopes for the future:

We record with pleasure the appointment of Dr. Herman Suit as Professor of Radiation Therapy, and the beginnings of new facilities and developments in radiotherapy at the hospital. Hopefully, there will also be a complementary increase in facilities and support for the medical and surgical aspects of clinical oncology. The time is

appropriate for a carefully planned combined assault on cancer at the human level. Experience prompts us, however, to quote from Updike – "Actuality is a running impoverishment of possibility."

PAUL C. ZAMECNIK, M.D.
Director

Vincent Memorial Hospital

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Vincent Memorial Hospital
Report of the Chief of Staff

Although this report last year implied that our facilities were being utilized to capacity, the fact is that both inpatient and outpatient census figures for 1970 are up from 1969, 18.2 percent and 21 percent respectively. How this overload has been accommodated is somewhat of a mystery, although a significantly shorter average length of stay per inpatient is also recorded. In the ambulatory clinics there has been no such compensatory factor at work, and relief for the overburdened staff and facilities will be achieved only when the administration finds space and personnel to establish a "State Clinic" to care for the hospital's large number of patients with venereal infection.

Less visible but equally important to overall staff efficiency is a parallel increase in ambulatory gynecologic care rendered in the private offices. The pressure from this direction emphasizes the difference between the number of staff needed to satisfy ambulatory demands and the number necessary to keep inpatient beds comfortably busy. It is our belief that a major transfer of responsibility for ambulatory personal services to members of the health unit other than the physician awaits only the training and acceptance of appropriate personnel. A few ventures in this direction are being tried in our outpatient and Bunker Hill facilities but we have a long way to go along this road.

Education and training come second only to professional activities in our commitments. Informally this is a continuous process in every unit but special note should be taken of the nursing services' extremely successful venture with nurse clinicians and the growth of our dedicated corps of Vincent Volunteers. In 1970 the Harvard Medical School activated its most recent curricular reforms, emphasizing a wide choice of electives which now include all courses in gynecology and in obstetrics. There was no decrease in number of students enrolled with us, however, and the subtle differences between mandatory and voluntary attendance evoked a happy response of enthusiastic participation which has been a joy to the instructors. The annual September postgraduate course was again oversubscribed and most successfully carried out with contributions from all sectors of our hospital family. Attendance and participation by staff in the host of congresses and society meetings is unabated, and the Hospital's output bibliographically is again of respectable volume and

highest quality.

The Endocrine Unit of the Massachusetts General Hospital under the leadership of Dr. John Potts has reactivated its close affiliation with our own and has now a training program for fellows with which we are full participants. This relationship is the responsibility of Dr. Janet McArthur, who has organized our training facilities and initiated a weekly ambulatory clinic for selected cases of gynecologic endocrinopathy. Everyone stands to profit from this venture.

Although funds for research from government sources were scarce, Dr. Ann Barnes' investigation of renal blood flow was successful in securing support, and Dr. McArthur's research funding was also achieved. The annual gift of the Vincent Club provided almost exactly the necessary additional moneys to permit Dr. Leona Zacharias' study to continue and to facilitate Dr. McArthur's investigation of several fruitful ideas that presented themselves as she, Dr. Jardena Ovadia and Dr. Olive Smith documented their studies in the bonnet monkey. The list of research projects pursued on our service is included each year in the Research Activities Booklet of the Massachusetts General Hospital. The 30 publications listed in the most recent booklet indicate no lessening of quality or quantity in this important and satisfying indication of our vitality and role in the scientific community.

The opening of the new operating room suite on Gray 3 has made available the X-ray diagnostic unit contributed by the Vincent Club membership during their 75th anniversary year. It has achieved instant acclaim and permits the most efficient control of the application of radiation sources to our patients. As the year comes to an end we are approving final detailed plans for expansion and complete renovation of the Vincent Memorial Laboratories. Present quarters have served well for 23 years but both plant and equipment are no longer in tune with the programs, and the changes are badly needed despite the awesome costs and the unavoidable confusion and inconvenience.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

As each year begins for the Hospital Board, we look forward to our opening meeting with the impetus acquired from the impressive post-graduate course in Gynecology given by our staff and many others of the Harvard Medical School. The morning coffee party at this meeting, given by the Board and the daily coffee break served by our Volunteer Department, between the monumental classes, emphasizes to us the wide and profound scope of the teaching at this hospital.

In November, we preceded our meeting with the hospital birthday party marking not our age but our residence in our present building, now nearly 23 years. This is a particularly important occasion as we can make closer contacts with all the paramedical staff, and particularly nurses and doctors who may be with us only briefly and whom we want to feel welcome and appreciated. This year, for the first time, we were delighted to welcome also our volunteers who are now certainly an indispensable part of the hospital family.

In January Dr. Ann Barnes spoke to us of her research and its implications in the community. We admire her for her professional distinction and for her many contributions to teaching in a complicated field.

At the March meeting we heard about the increased service to the patients from the nursing aspect. A psychiatric nurse clinician has been added to the nursing clinician who teaches many of the patients.

The visiting of patients on the wards by members of this board continues to give the special kind of care that only an objective, understanding person who is not within the hospital, can provide.

We marked, in July, 1969, with a deep sense of loss, the death of Mrs. Edwin S. Webster, for more than 57 years a member of this board and in whose heart, that included endless people, the Vincent Hospital came first after her devotion to her family.

As the year closes, we can recall the opportunities and privileges we have had for contributions of service, more awareness of individual needs, and increasing concern that is characteristic of a closely integrated and responsible family.

To Trustees, Medical and Nursing Staffs, Vincent Volunteers, and the members of the Vincent Club go profound admiration and

gratitude. Those who maintain the standards of excellence and concern for human needs make service to this hospital a constant inspiration.

MRS. COURTENAY (HELEN C.) CROCKER
President, Board of Managers

Report of the Department of Nursing

Prologue of the Seventies:

The opening year of the decade of the Seventies for the department of Nursing can best be described as the ongoing struggle of a viable organism in its attempt to meet the thrust of the multitude of kaleidoscopic changes – psychosocial, economic, political, *et al.* – which have, are, and will, no doubt, continue to influence its traditional role and function in delivering care *and* education of the quality and in the quantity needed by the consumers of its output – be they patients, families, personnel, or students. The department finds itself caught daily in the process of ordering the multifacet elements inherent in the widely-publicized health care and education revolution of the hour – be it the increased tempo of medical and scientific advances, the growing and aging population, the general rise in educational and economic status, rising costs, manpower shortages in the health service fields *or* the knowledge explosion, its rapid obsolescence, the cultivation of minds that are equal to the future or, in short, the basic answers to the questions of what knowledge, what skills, what competencies for enlightened practice today and tommorrow.

Let me speak specifically for a moment of the dilemma of a Department of Nursing dedicated to the achievement of excellence in rendering "a direct service which enables the patient to cope with illness and grow toward well-being, and to provide the supervisory support which enables nursing personnel to give this direct service – with emphasis on the components of care, continuity and coordination – as well as cure" – when faced with:

– The progressive acceleration of activity in the patient care areas as a result of the day by day expansion of medical and technological sophistication. As cases in point, one need only mention the rapid increase in the utilization of a wide variety of electromechanical equipment in caretaking operations throughout the institution; the now almost routine use of central venous pressure and arterial lines; the recent introduction of the subclavian vein catheter for the administration of body-building amino-acids, to the end that the services of a full-time nurse clinician is required to handle the teaching needs of patients, families and nursing personnel; the bludgeoning increase in laboratory and other diagnostic tests and treatments – with nurses, and nursing, and the staff education component of the service – caught right in the middle of this frenetic progress.

– The continuing strangling effect of the expanding number of specialized care units on available nurse manpower supply. Since the opening of the new Surgical and Respiratory Units in the Gray Building in the fall of 1969, the number of nursing personnel engaged in the care of but 19 patients has swelled to a total of 80, of which 66 are registered nurses. The impact of the geometric expansion in this area – coronary, cardiac, surgical, medical, burn, transplant, stroke units – on the department is staggering – not only from the point of view of staffing, but also from consideration of the specialized knowledge and skills required of the nursing practitioner to function effectively in these work locales.

– As a result of these two phenomena, we witness: (1) a continuous redistribution of new responsibilities to the nursing practitioner, with concomitant concern on our part for the resultant deflection and/or defection from the primary care-taking role of the nurse, as well as (2) the spontaneous generation of adjunctive personnel categories – a variety of therapist, technician and coordinating functionaries – which are born and grow like Topsy, cutting out and running off with a piece of what one well-known sociologist has described as "a roll of cookie dough." In the majority of instances, one must add, but only between the weekday hours of 8 a.m. and 5 p.m., inasmuch as nursing must pick up most of the respective cookies after 5 p.m. each day and on weekends! To the end that, "what is left on the kitchen table is a network of dough which still suggests the entire original scope and area of the previously solid surface – so that somehow nursing is reminiscent of the pattern which remains after the cookies have been cut." Thus, by simple osmotic process, nursing and nurses find themselves all too often absorbed in the coordination of things and people – equipment and personnel – as opposed to patients and care. This absorptive syndrome is in no way a recent disease entity for nurses – but rather one which has become more lethal in view of the expanded demands for health care and increasing medical and technical progress.

– One cannot omit from this delineation of pertinent issues, the characteristic cultural life pattern of women in our society which makes short tenure and radical turnover a fact of life. Although the turnover ratio for all nursing position categories in fiscal 1970 showed a decrease when compared with the 1969 statistics (namely, -12 percent, -8 percent, and -17 percent for

registered nurse, licensed practical nurse and nursing assistant categories respectively), during the year a total of 898 new full-time personnel were employed, of which number 535 were registered staff nurses, 84 were licensed practical nurses, and 271 were nursing assistants. In this same period, a total of 726 full-time personnel terminated their services, of which 381 were registered staff nurses, 76 were licensed practical nurses and 231 were nursing assistants. To organize and maintain an effectively functioning department in the face of these odds is a challenge of the first order.

Despite the fact that the increase in service potentials and in-patient demands during the past year leaves us somewhat breathless, there is ample evidence to show that the thrust of current trends and developments in the health care field will necessitate many changes in our modus operandi in the remainder of the decade. I refer here to the psychosocial, scientific, ecological, political and economic forces in the larger health care arena which demand that we extend our sights beyond institutional perimeters and address ourselves to the issues of *appropriate preparation, equitable deployment* and *rational utilization* of available nurse manpower to the end that the health needs of *all* people, as opposed to a privileged few, will be met. More specifically, we must show more individual and collective concern in the development of a health care system based on *need*, as contrasted with the currently operative criterion of *demand.*

This will require of us:

- Concentration on methods of improving the accessibility, comprehensiveness, effectiveness and distribution of health care to all segments of the population. Of relevance here is the current concentration of 75 percent of the active professional nurse manpower pool in the care of the hospitalized patient, despite the fact that this latter group represents only 12 percent of the population with health problems; the wide gap in the ground swell for preventive and curative programs in the areas of alcoholism, venereal disease, drug addiction, abortion and emotional illness, despite the staggering increase in incidence; the plight of long-term and chronic health care facilities in their attempts to recruit qualified nursing personnel. Corrective action in this area may well enforce a revision in our current departmental 2:1 staffing ratio of professional to ancillary personnel.
- A drastic overhaul in our approach to nursing education and practice. For nursing service, this will require that we extricate

ourselves from the management of things; a reorganization of our services along the lines of the competence of those involved with less attention to hierarchical structure and institutional complexities; and the development of designs of practice which emphasize equity as opposed to efficiency, quality as opposed to quantity, and people as opposed to things. For nursing education, this will require a realistic refocusing on "what is to be done" and "who can do what best" in a variety of service milieus as contrasted with the current fixation on "who is who" and "who is better than who" ! The determination of what knowledge, what skills and what competencies for a field of practice in a rapidly changing world is a challenge of the first order, but unless we are more successful in cultivating minds that are equal to the future and, at the same time, capable of functioning in the present, any discussion of the rightful place of nurses on highly coordinated and mutually effective health teams remains but an idle generality.

– Informed participation with the private and public sector in estabilishing directional goals of health care services in general and of this institution in particular. It would appear inevitable that the roles of health practitioners will continue to change as well as the parameters of the scope of practice within a health care discipline. This trend demands the existence of effective collaborative relationships with other members of the health care team. Inasmuch as each health care discipline has a unique contribution to make towards the alleviation and resolution of health care problems, leadership responsibility and accountability must be shared proposition. Nursing in general, and this department in particular, has a responsibility to promote exploration of newer dimensions in health practice in the interest of general welfare, as opposed to vested interests. Intra- and interdisciplinary arguments of decline in authority and accountability should not freeze attempts at more enlightened and innovative patterns of utilization. The concomitant movement toward the expansion of the nurse's role, the utilization of the physician's assistant, and the revision of licensure laws in the interest of an effective delivery system of health care services deserves the shared attention of the health care team rather than a unilateral approach by any one discipline.

In the remaining years of the decade, nursing, here and elsewhere, must make of itself, of its relationship with the main body of the health care services, and of its role in the emerging pattern of health

services, something much more vital, substantial and distinctive than it has up to now. To meet this challenge, this department must extend its sights beyond the daily brush fires which consume an inordinate amount of our collective energy and to take our rightful place in the mainstream of the evolving health care system. To do less is to accept a fate that has been described as "a relic of folk culture in an urban bureaucracy."

Progress Report – 1969-70:

Staffing Statistics:

In fiscal 1969-70, the department, in close collaboration with the Personnel Department, continued its recruitment effort, with special emphasis on the staffing needs of the newly-opened Intensive Care Units in the Gray Building, and simultaneously concentrated its attention on ongoing studies of utilization patterns and personnel evaluation practices.

A comparison of the allocation of nursing personnel by building/service for the period October 1, 1968 through October 1, 1970, is shown on the following table:

Comparison of Staffing Statistics by Building or Service on October 1, 1968, 1969 and 1970 – Full-Time Personnel

	Staff Nurse			*L.P.N.*			*Nursing Asst.*			*Total*		
Building/Service	*1968*	*1969*	*1970*	*1968*	*1969*	*1970*	*1968*	*1969*	*1970*	*1968*	*1969*	*1970*
Baker	76	136	144	79	62	66	21	25	24	176	223	234
Bulfinch	55	62	72	6	10	9	29	32	32	90	104	113
Burnham	49	58	57	10	11	15	2	1	1	61	70	73
Clinics*	21	22	23	1	0	0	2	10	11	24	32	34
Gray ICU's	–	–	62	–	–	6	–	–	6	–	–	74
Logan Med. Station	–	7	5	–	–	–	–	–	–	–	7	5
Operating Room	46	51	38	4	5	5	42	52	55	92	108	98
Recovery Room	30	54	40	–	–	–	4	5	5	34	59	45
Phillips House	85	97	78	18	18	17	11	8	13	114	123	108
Vincent	11	15	20	6	8	12	16	9	11	33	32	43
White	128	145	136	23	36	44	41	44	47	192	225	227

*includes Bunker Hill Health Center

The alarming decrease in the staff nurse complement in the Operating Room is reflective of a national trend. Each year it becomes increasingly difficult to recruit registered nurses for this service, thus the necessity for the initiation of hospital-based and vocational education programs for the preparation of surgical technicians. The decrease in the staffing complement in the Recovery Rooms and the Phillips House is explained by the transfer of the

cardiac surgical patients postoperatively to the Gray 3A Surgical Intensive Care Unit and the move of the Respiratory Unit to its new quarters in the Gray Building. Although the total number of full-time nursing personnel on the departmental roster on October 1, 1970 reached an all-time high of 1200 (an increase of 73 over 1969), it is important to note that on that date the nursing personnel count in the newly-opened Gray 3A ICU's was 76.

Staffing priorities in 1971 include the Operating Room Suites in the White and Gray Buildings; the new and enlarged Pediatric Intensive Care Unit on Burnham 6, scheduled for opening in April, 1971; and the new Recovery Room area on Gray 3A, scheduled to open in Summer, 1971.

Nursing Service:

During the past year, departmental effort was concentrated on: (1) the improvement of the quality of nursing care delivered to patients on all services through the establishment of uniform standards of nursing practice, (2) the increased involvement of all nursing staff in the implementation of these standards, through decentralization of authority and responsibility for initiating necessary ways and means of achieving the established goals, (3) continued pursuit of innovative approaches which free the nurse "to nurse," in the true sense of the word, and thus increase the satisfaction inherent in nursing practice, and (4) the improvement of personnel policies and practices. Accomplishments include:

- The development and beginning implementation of standard guidelines in the area of nursing assessment and nursing appraisal.
- Broader experimentation with a variety of nursing delivery systems in both inpatient and ambulatory settings, with increasing emphasis on the role of the primary caretaker and the competence of the individual practitioner, as contrasted with the individual's place in the hierarchical structure.
- An expansion of the nurse clinician and unit teacher position categories and the introduction of the senior staff nurse role, which provides a lateral promotional ladder for the expert nurse practitioner, whose previous promotional route was restricted to movement into a vertical administrative line position.
- Broader involvement of the nursing staff in the establishment of departmental policy and practice, through participation in the work of the Standing Committees on Nursing Practice and Nursing Assessment and Appraisal.

- Improved communication between the Director and the individual staff member on matters of mutual interest and concern, through the vehicle of the Departmental Advisory Committee to the Director, whose membership consists of elected representatives of the respective nursing position categories.
- A revised salary scale policy which permits recognition of educational and experiential qualifications, as well as meritorious service.
- Increased utilization of volunteers in a variety of care-taking and related activities, through the coordinative vehicle of the newly-organized Volunteer Services Committee.

The issues delineated earlier in this report hold great import for the future direction of nursing service in this hospital, but the department remains steadfast in its resolve to retain its historical role of leadership in meeting the challenge of the times.

Nursing Education:

The involvement of the department in coordinating the utilization of the inpatient and ambulatory services of the hospital as learning laboratories by a variety of basic and graduate nursing education programs and in offering basic instructional programs for a variety of nursing and related health care functionaries remains constant. During the past year, in addition to requests for clinical nursing experience for master's, baccalaureate, diploma and practical nurse students, we have participated in the implementation of clinical practicums for orthopedic and surgical technicians. We anticipate that the current surge of interest in a variety of health careerist programs will compound the requests in the days ahead, and, for this reason, believe it important to reiterate our conviction that the nursing needs of patients, as contrasted to the learning needs of students, will be given priority in the ultimate decisions relative to the utilization of the hospital's clinical units by nursing and para-nursing education programs.

The Staff Education Department continues to provide leadership in the organization, implementation and coordination of continuing position-oriented instructional programs for all nursing personnel, including both orientation and continuing education offerings, with the back-up support of the unit teachers, nurse clinicians and unit administrative staff. The output of this department in the areas of intra- and interdepartmental, as well as extra-mural, service defies the realm of possibility. In recognition of its central position in the departmental organization, the administrative officers approved a

request that it be granted autonomy as a basic service of the Department, with the promotion of its director to the rank of Assistant Director of Nursing.

The requests for consultative services and observational experiences from a myriad of seekers from within and without the country during the past year reached untenable proportions. The initiation of a fee-for-service has done little to reduce the demand. We find ourselves torn between our responsibilities in the area of delivering care at home vis-a-vis our desire to contribute to the improvement of care abroad. It has become necessary for us to develop more selective policies and controls in the granting of such requests – a protective action which may incur some criticism from extramural sources. The ultimate resolution of this problem may rest in the licensure of the hospital as a bona-fide educational institution, with access to appropriate financial support for such services. An interim solution might be found in the establishment of an intramural Interdisciplinary Institute of Continuing Education for the Health Professions.

The department, in collaboration with the Children's Service and the Medical Service, continues to promote exploration of newer dimensions in health practice in the interest of the general welfare of the consumer. The Pediatric Nurse Practitioner Program, a pioneer effort of the Clinics in 1968, achieved national recognition during the past year. The experience of our own pediatricians and nurses at the Bunker Hill Health Center in exploring the concept of an expanded role for the nurse in assuming a direct and responsible role in ambulatory child health care and the statesmanship of our physician and nursing representatives in promoting the concept of changing roles in the interest of their common patients played a key role in the development and recent release of a joint statement of the American Nurses' Association and the American Academy of Pediatrics which should push aside past reservations and concerns about changing roles and allow forward movement in the utilization of each other's skills. It is regrettable that at this writing, having spawned and nurtured this program to the point of university co-sponsorship, we are still searching in both the public and private sector for the financial support needed for its continuance.

Our collective recognition of the institution's mission in trailblazing has encouraged us to move forward in the area of experimentation with the role of the Adult Nurse Practitioner in ambulatory care settings. At this time, this program is in its infancy but we believe that its objectives are in the immediate interest of the patients and families we serve and that it has value as a model in the

health care delivery system of tomorrow.

The issues referred to in the first part of this report suggest a blueprint for the nature and scope of the continuing education activities of the department.

Nursing Studies:

The Office of Nursing Studies continues its supportive role in the realm of problem analysis and solution synthesis. During the past year, presenting issues have concentrated on problems of staff utilization and the design of effective staffing patterns; the investigation of patient and personnel hazards, with special emphasis on safety and drug surveillance; the evaluation of patient care-taking equipment; and the introduction of computerized methods in the area of nursing practice.

We look forward to the day when we can extend our sights beyond the limits of applied investigation and can assume a more meaningful role in investigations related to pushing back the dimensions of nursing theory and practice.

Concluding Statement:

The close of my second year as Director of the Department of Nursing finds me noticeably more gray of hair and more pressured by the internal and external forces which impinge upon our operation, but concomitantly more convinced of the leadership responsibilities of our mission as an integral part of this truly great health service complex. An expression of deep gratitude is due – my predecessors for their substantial legacy; the administrative officers for their continued trust, interest and support; my many colleagues for their concern and cooperation; and, last but not least, each and every member of my staff for their loyalty and indefatigable effort in providing care of the quality and in the quantity needed by the patients and families who enter through the many portals of this institution. To serve in this milieu is a privilege that comes to but few.

MARY E. MACDONALD, R.N.
Director, Department of Nursing

Report of the School of Nursing

Although added impetus to explore and plan for future directions of the School of Nursing was provided by the preliminary recommendations of the National Commission for the Study of Nursing and Nursing Education, priorities necessitated that intensive efforts this past year be directed mainly toward managing, interpreting, and implementing changes in faculty organization in order to utilize our resources most effectively; and toward coping with immediate needs precipitated by growth of the school, changes in the agencies providing student experiences in nursing care and learning more broadly about health needs of people, and the impact of social change and turmoil. It was a year with periods of heightened stress, and with activity sustained at peak levels. Only the highlights can be included here.

Without the resources of a conscientious and capable faculty and staff with high standards, the task of providing for and implementing change while maintaining an ongoing program for the here and now would be chaotic. We are unusually fortunate in being able to recruit able faculty, though many anxious moments exist when vacancies occur, and many hours are spent interviewing and following up on applications. For the 16 faculty vacancies which occurred there was a minimum of 51 applicants; most heartening in view of the 1,244 reported unfilled budgeted faculty positions in the United States. The tuition aid program continues to be of great benefit in encouraging faculty professional development; but the dearth of late-in-the-day or Saturday courses in graduate level nursing, and lack of opportunities for part-time study, systematically working toward an advanced degree, presents some obstacles for faculty in meeting their own professional and educational goals and in attaining full approval for an Instructor's position according to the requirements of the Board of Registration in Nursing, Commonwealth of Massachusetts.

For September, 1970, six added instructors were requested and three positions approved. Added secretarial staff and someone to assist with the administration of the school were also requested. Several factors contributed to this need:

- Consistently high admission rates with average or lower than average attrition rates; (A limit of 130 entering freshmen has been established.)
- Heterogeneous student population needing individual attention, small group work and discussion periods;
- Faculty effectiveness and morale strained at times by heavy work

load; consistently long hours of teaching, curriculum planning, outside study and preparation for classes and committee work; planning for curriculum and program changes; evening and week-end meetings or work to keep abreast of paper work, correspondence, administrative details and various projects;

- Student experiences planned and spread over a 24-hour period 7 days a week during some months, utilizing more patient care units and agencies, since number of students assigned in one time period must be limited;
- Complexity of patient care and the intensive care nature of many units requires instructors to work closely with students; nursing staff, busy with their own responsibilities, cannot take time to answer student questions and to provide the necessary guidance, supervision, and teaching in the clinical areas;
- In March, 1970, the services of Cole & Associates, Incorporated, a management consulting firm of Boston, were sought by the school because of concern about optimum organization and utilization of faculty resources, the nature of faculty roles, involvement of the faculty in various aspects of the total program, responsibility and commensurate authority; effective communications, with support, leadership and direction; appraisal of individual performance and opportunities for growth. The recommendations of this consulting firm generally confirmed areas which we had identified as needing attention. Plans are underway to further clarify roles and levels of decision-making, to reduce if possible the number of faculty committees, if their functions can be distributed amongst existing and additional staff; if possible to relieve administrative staff and some course chairmen of some existing tasks and details which limits the amount and kind of direction, support, supervision and guidance which can be offered to a fairly large staff, with a turnover of approximately 30 percent and widely ranging experience and educational backgrounds, and which hampers long-range planning.

The steady emergence of an effectively functioning Student Personnel Services, under the leadership and direction of Mr. Richard Tierney, was timely in helping us to meet some of the student and faculty expectations of the school's program beyond its academic and clinical realms.

Bringing together administratively the four previously-existing areas of a Student Health Clinic, Counseling Services, Residences, and Student Activities has resulted in the establishment of a cohesive group of personnel workers with greatly enhanced and extended

services to students and concomitantly has relieved the instructors of some of their committee activities and nonteaching related functions. If plans to provide the necessary space for the staff, and reading, testing, and conference rooms materialize some additional goals of the program will be able to be realized.

Though there are now four prepared counselors, the fact that each has also the responsibility for a given area of personnel work, such as Recruitment, Admissions, Financial Aid, or the direction of the Services, diminishes their availability in counseling roles. While the specific nature of the student-counselor visit is confidential, counseling services included not only support of the student required by involvement in the school's program, but also personal, financial, and vocational matters; referrals for professional psychiatric assistance; family problems; remedial evaluations and referrals; and health problems. Counselors' services, not confined to the office situation alone, were facilitated by counselors visiting the units, the classrooms, and the residences. Involvement with students' families, their parents, wives, husbands, and children, is also increasing. To provide these comprehensive services requires an additional prepared person to assume responsibility of some of the counselors' existing personnel work. This is documented statistically in the increase in counseling hours, perhaps affected also by the diminished use of the Walk-in Clinic, closed during the summer and fall months due to lack of staff. Continued concern for the mental health needs of students prompted exploration of added sources for assistance; participation in a Pilot Study, directed by Dr. Barry Crown, attempting to collect demographic data concerning incidents of student stress; and revision in format, placement and staffing of the Human Relations Seminars for Freshman and Senior students.

Increased student participation in planning and conducting various school events and activities and the appointment of students, nominated by their organization, to serve as responsible voting members of most of the standing committees of the faculty organization is resulting in a closer alliance of students and faculty working together with greater understanding and insight toward mutual goals.

In the area of Admissions and Recruitment, two separate committees were established because of greatly increased activity. The Admissions Committee reviewed its policies and reaffirmed its practice of nondiscriminatory selection of applicants whose qualifications give evidence of ability to successfully complete this school's program and for becoming registered nurses. A statement was added to indicate that men and women of exceptional backgrounds (age, years

and kinds of employment, military service, marriage and child rearing, etc.) are encouraged to apply for special evaluation of credentials, since special consideration may be given to unique life experiences as a basis for entrance to the school. All such applicants, evaluated as others are on an individual basis, are exempt from the requirement of College Entrance Examination Board Tests; emphasis being not so much upon prior academic achievement but rather on growth in these experiences.

Other activities of the Admissions Committee included review of its procedures; decision to discontinue use of the National League for Nursing Pre-Nursing and Guidance Test in 1970-71 because of cost and questionable reliability; continued use of Dr. Gene Smith's Test of Effective Academic Motivation in order to assess its reliability and validity; review of 285 complete records from 340 applicants, resulting in an entering class of 130 freshmen. For the first time in recent history the class entering in September, 1970, was filled in March, 1970. A waiting list was established, resulting in no more applications being accepted unless the applicant expressly wished to be placed on the waiting list. This resulted in fewer total applications but the quota of 130 entering students was readily reached. This quota has been established and adhered to as it becomes increasingly difficult to arrange for adequate clinical experiences for our students (along with the multitude of other student groups) without distributing students over so many different time periods and locations that providing adequate teacher resources becomes prohibitive in cost or impossible in terms of availability of prepared faculty.

The Freshman Class which entered in September, 1970, includes 125 women and 5 men, ranging in age from 17 to 44 years; there are four married students and one black student. Eighty-seven are from Massachusetts, 15 from other New England states and 28 from outside of New England. Of the 19 who had attended college previously, five were college graduates, one a junior college graduate while the remainder had attended for varying periods of time ranging from one semester up to three years. According to secondary school class rank, 45-plus percent were in the first quintile, 28-plus percent in the second and 21 percent in the third quintile. Scholastic Aptitude Test scores of the College Entrance Examination Board indicated a mean verbal score of 530, with a range from 735 to 293; and a mean mathematics score of 504, with a range of 710 to 290. The heterogeneity of each entering class continues.

In addition to various colleges and schools throughout the country, the School Bulletin was sent to 1,830 interested persons in 42 states, the District of Columbia, Nova Scotia, Ontario, British

Columbia, Antigua, Trinidad, Jamaica, Africa, England, Ireland, and Hong Kong.

Recruitment efforts, limited by lack of staff, included two Open Houses for Junior and Senior high school students; participation in college career days or nights; tours or a planned program for numerous visitors to the hospital or interested persons; and the designing of a recruitment display unit.

The Chairman of the Recruitment Committee, Miss Yolanda Mamone, along with our other counselors, was most active in forming an association of recruiters from schools of nursing in Massachusetts to explore common concerns, and to concentrate and focus efforts in more effective ways. The chairman, with assistance, was also instrumental in exploring with various agencies the possibility of establishing in Massachusetts a Nursing School Admissions Center, patterned on the model of that proposed some years ago to the Careers in Nursing Program of the United Community Services. Cooperative recruitment efforts in the state are necessary. Efforts to recruit students from various minority groups remain discouraging, though new avenues, contacts and approaches are being sought. While we counsel many who are exploring health career opportunities, few applications result. A gift of $50,000.00 in scholarship funds, primarily for black students, now makes it possible for us to award increased financial assistance to enrolled students as well as to those seeking admission who may need remedial courses prior to entrance.

Requests for financial assistance from entering and enrolled students increased in number and amount of aid for the school year beginning in September, 1970. In addition to the extremely generous gift received in January, 1970, and mentioned above, two new scholarships were established for our students: the Kemper Foundation Scholarships, totaling $1,500.00 and started in January, 1970, and the Harriet Willoughby Merriman Scholarship Fund established in September, 1970, in memory of a member of the graduating class killed in an automobile accident. In response to our request for $37,800.00 in Federal Loan Funds and $50,000.00 in Federal Scholarship Funds (under Title II, Health Manpower Act of 1968, Public Law 90-490) for fiscal year 1970-71, initial allocations of $27,944.00 in loan funds and $20,092.00 in scholarship funds were received, with the possibility of additional scholarship allocation after final action on the President's request for such funds.

Financial Aid Awards were made as follows:

	Freshman	*Juniors*	*Seniors*	*Total*
Applicants for Assistance	68	49	56	173
Recipients of Assistance	53	47	51	151
% of Class receiving Assistance	40%	47%	43%	43%
Federal Scholarship Distribution	$11,225	$10,350	$ 7,025	$28,600
Federal Loan Distribution	$10,050	$10,375	$14,825	$35,250
School Scholarship Distribution	$11,100	$ 5,800	$ 6,650	$23,550
School Loan Distribution	$ 900	$ 6,300	$ 2,150	$ 9,350
Grant-in-Aid Distribution	$ 8,275	$ 6,325	$ 6,800	$21,400
Total Assistance Distribution	$41,550	$39,150	$37,450	$118,150
Average Assistance for Recipients	$ 784	$ 833	$ 734	$ 782

Assistance Range		*Assistance Recipients*
0	$ 300	20
$301	$ 600	33
$601	$ 900	40
$901	$1,200	39
$1,201	$1,500	17
$1,501	$1,800	2

After careful study of the School of Nursing's operating costs for the past several years, a review of increases in our charges to students over the past nine years, and a study of the tuition, fees, and room and board charges at other comparable schools of nursing, the faculty recommended and the Board of Trustees approved a substantial increase in charges.

Effective September 1970:

For Freshmen:

an increase in fees from $85.00 to $110.00

For Juniors:

a room and board charge of $480.00 and
an increase in fees from $65.00 to $110.00

For Seniors:

a room and board charge of $480.00 and
an increase in fees from $95.00 to $130.00 and
a tuition increase from $200.00 to $400.00

In September 1971

the room and board charge will be
increased to $550.00 per year for all students.

Because of concern over the years that the dollar value per hour of student grant-in-aid work was too high and considerably out of proportion to the services contributed, this ratio was revised downward.

Though the school advises students to undertake part-time paid employment only after demonstrating ability to meet successfully the school's objectives, policies for employment were revised to

provide students the freedom and responsibility for availing themselves of employment opportunities.

The educational resources of the school have continued to expand and improve with the support of the hospital Administration, the incentive provided by the students, and the motivation of the faculty toward preparing qualified nurses for quality patient care. The Palmer-Davis Library with its fine staff continues to grow as a center of learning; the attendance increased by 10,000 and circulation by 2,000 this past year.

Some exploration of the possibility of increasing educational equipment (other than reading materials) as part of the library facilities took place. As our audiovisual resources have increased, and faculty have become more skilled in their use, we are faced with the increased need to centralize our holdings, to have equipment available when needed and to provide for its operation and maintenance. The implications for the School of Nursing of the recommendations and conclusions in the report of the National Medical Audiovisual Center, concerning audiovisual communication resources and needs of the Massachusetts General Hospital, were studied. The approval of the Administration was sought for an audiovisual aids technician. We can forecast that with the heavy, sustained usage of our equipment within the school, and without staff to coordinate and oversee its use, we shall not be able to meet the many requests to borrow our equipment from various departments within the hospital.

Curriculum evaluation and changes continued. Some of the highlights were as follows:

- Implementation of a revised senior-year calendar with three terms of 13 weeks each and an evaluation week at the end of each term.
- Eighty-nine seniors completed the program and graduated June 12, 1970, with a high percentage employed in the Nursing Department of MGH through the summer months.
- Courses were evaluated and revised in terms of significance of the content and experiences provided and overall curriculum organization. Students shared in evaluation of courses.
- A revised freshman calendar and standardized class schedule, the culmination of several years' effort, was introduced in September, 1970. It consists of two semesters, 21 weeks and 20 weeks long respectively, with a week long spring recess and Christmas vacation. The freshman program allows for more equal distribution of class and clinical hours throughout the entire year, with more emphasis upon learning in the clinical area earlier, and the merging of Nursing I and Nursing II courses into one course. More cor-

relation of Physical and Biological Science content was achieved.

- Clinical facilities not presently utilized within the Massachusetts General Hospital and two extended care facilities were explored for possible future use. Overcrowding of some of the MGH units with students remains a problem despite careful planning in advance.
- There has been increased use of late afternoon and evening experiences; and the maternity facilities of both the Boston City Hospital and Boston Hospital for Women, Lying-in Division, were used. The large number of schools utilizing these facilities requires painstaking planning.
- Increasing emphasis is being placed upon community or major health problems other than those associated with acute phases of illness. With great regret, Home Care learning experiences, offered on an irregular basis to a few of our seniors through the auspices of the Boston Visiting Nurse Association, had to be discontinued. However, each nursing course is concerned with the impact of illness and hospitalization upon the patient and the family (if there is a family); continuity of care; health education and health needs a various groups of people in the community. A wide variety of field trips, projects and independent study types of experiences are being undertaken. This builds in some flexibility, some elements of choice and more self-direction. All of this necessitates much planning and coordination with various agencies outside the hospital setting. It has been encouraging to see the students' involvement and increased skill in assessing needs (of ambulatory or hospital patients) is planning care; and their initiative in instituting methods of and carrying out health education.

As a faculty we continue to find the close and supportive association which we have with the Massachusetts General Hospital and its many departments a rewarding, stimulating and challenging one. We hope that we can continue to reciprocate by sharing our classroom, library and residence facilities whenever feasible; by extending our services, and those of some of our staff, to other educational programs and departments within the hospital in consulting, teaching or planning capacities; and through the contributions of our graduates; and the stimulus of the students, their spirit of inquiry and basic wish to be of service, and the salutary effect which this can have on an institution when there is respect for and compatibility with its goals.

NATALIE PETZOLD, R.N.
Director, School of Nursing

School of Nursing

September 30, 1970

Full time Faculty	58
Nurses	51
Non-nurses	7
Part time Faculty	3
Nurses	2
Non-nurses	1
Nursing Students (M. G. H.)	
Freshmen	128
Juniors	94
Seniors	114
Total	336

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

The Advisory Council met seven times this year. The members welcomed the new committee members and assisted them with a brief orientation.

Miss Natalie Petzold, R.N., Director of the School of Nursing, and her faculty, did a splendid piece of work keeping the members very well informed concerning the changes and progress of the School and of any immediate plans for change in the near future. Matters concerning faculty preparation, turnover, and recruitment were also discussed as were the follow-up study of the graduates of the Class of 1969. Such information may be read in Miss Petzold's Annual Report. Miss Petzold also discussed with members of the Council programs to assist disadvantaged persons to pursue a career in professional nursing.

Further, Miss Petzold agreed to prepare a list of items with which the Advisory Council might offer special advice or assistance to the School of Nursing. Such a list of items included the following:

1. Make recommendations concerning the need for the School of Nursing to continue for the immediate future.
2. Study and make recommendations concerning long-range needs for and future directions of the School of Nursing.
   What is the "Position" of the Advisory Council relative to the above? What recommendations?
3. Study the cost of the School of Nursing and present changes to the students, and consider and make recommendations for increases in tuition/fees/room and board charges.
   Consider implications for enrolled students, as well as prospective applicants, for financial aid program as well as the need for the School to have an operating budget sufficient to provide a program of sound quality.
4. Advise about certain aspects of our recruitment program.
   Lacking an effective, centralized *recruitment program for nursing,* within the state, how can we/should we make best use of our resources? Coordinate efforts with other groups. How to reach potential applicants for nursing (who may be overlooked) and provide needed counseling concerning various programs.
5. Consider matters relating to the School's financial program and present criteria and policies for making awards utilizing our

own funds and government funds.

Problems related to the uncertainty of federal funds and funds from other outside sources, and the inability to predict student requests for financial aid. The trend (among our students) toward more requests for financial aid and in larger amounts.

6. The need and availability of continuing education for nurses and for graduates of this School in particular.

   What are the needs of the graduates in this respect? Are there lacks in their basic preparation? Follow-up study of graduates from point of view of employers as well as graduates.

   What are the needs for, possibilities of and problems in earning a baccalaureate degree in nursing. (For a graduate of a diploma program.)

7. Support the need for recruiting qualified faculty in sufficient numbers to carry out the objectives of the program.
8. Support the need for continuing education for faculty and for policies and practices that will make it possible for faculty to continue their education on an advanced level.
9. Consider problems related to faculty work load, and the need for supporting services, staff and facilities.

Some of these items above have been studied by the members who are willing to turn more serious attention to them.

Many of the members of the Advisory Council have been most cooperative in attending Parents' Day, Open House for Students and Parents as well as Graduation.

After a discussion of the purpose of the Advisory Council at the April 28, 1970 meeting the following changes were suggested for *Article II, 1.* of the Plan of Organization:

Present Article II, 1.

To study the over-all educational program of the Massachusetts General Hospital; to study the needs of the School of Nursing and ways of improving its curriculum, personnel and program; to consider problems of nursing service in the hospital as they influence the education of nurses.

Proposed Article II, 1.

To study and advise concerning the educational program of the School of Nursing of the Massachusetts General Hospital; to study the needs of the School of Nursing and ways of improving its curriculum, personnel and program; to consider problems of nursing service as they influence the education of nurses.

Proposed *Article II,* 1. was voted upon at the Annual Meeting, Tuesday, May 26, 1970.

The Committee has turned its very serious attention to the Summary Report and Recommendations of the *National Commission For The Study of Nursing and Nursing Education* which was drafted by the Surgeon General's Consultant Group in Nursing (1963). Implications for the future of the School of Nursing of the Massachusetts General Hospital as well as for the nursing profession in general are a matter of prime and serious concern to all. Intensive study will continue.

The Annual Luncheon Meeting of the School of Nursing Faculty and the Council was a most enjoyable and productive one (March 21, 1970). John D. Stoeckle, M.D., a member of the Council who holds a most impressive curriculum vitae, spoke of his involvement in the "Free Clinic Movement" in Cambridge, an attempt to deliver free medical care to youth who needed and wanted it.

It was with great deal of regret that we accepted the resignation of Mrs. Francis B. Haydock. She was a most interested member.

The writer would be remiss in her duty if she failed to express her deep gratitude to the members for all their help and support and in particular, if she failed to mention the conscientious and dedicated service of Miss Marguerite Ryan, our secretary, who has produced most succinct minutes of all our deliberations with a great deal of clarity.

MRS. JOSEPH W. (MARIE S.) ANDREWS
Chairman

Report of the Social Service Department

This year has continued to highlight the need for the urban teaching hospital to assist in the solutions of the major social problems of our day. The ever-increasing flow of patients to the Massachusetts General Hospital, whose medical and psychiatric difficulties are complicated by social problems, involve us directly and urgently in these issues. Of the more than 12,000 patients served by social workers this year, an increasing number present themselves to the hospital with social difficulties so complicated that these issues present more hazardous conditions than the medical problem which admits them to our system of care.

Poverty, isolation, and depression are predominate problems in our case load. Alcoholism, drug usage, requests for assistance with unwanted pregnancies, and problems of family breakdown leading to neglect or abuse of children are increasingly frequent reasons for referral. Several authors have reported that traditional social agencies fail to encounter or assist many of this population. Perhaps it is our medical setting which encourages the most needful to our door and endows our institution with trust which makes it possible for them to enter into a relationship with us aimed at the solution of these life problems. The work toward a solution is a difficult and costly process of therapeutic intervention with the patient, his family and the community. Obstacles in the community are great. The social systems of the community are so hampered by bureaucratic burdens that delays in obtaining services are common and often involve weeks of delay. The public welfare system and institutions providing long-term care are good examples, and their problems directly affect our capacity to help patients.

During the month of January, 1970, we studied the patient population referred to Social Service within the hospital. Survey information was completed on 2,827 patients (95 percent of case load during January). The statistical profile of these patients highlights these problems:

Using the Hollingshead-Redlich formulae (education and employment) for determining social class, only 27 percent of the patients referred to Social Service were Classes I, II or III. Three-fourths of our patients were Classes IV and V. This category reflects major economic impoverishment and very limited educational background. In fact, half of the patients were dependent on public welfare or social security for income.

The patients represented all age groups. Nineteen percent were 16

years of age or younger, 26 percent between 17 and 40, 29 percent between 41 and 64, and 24 percent over 65. Most of the patients lived with their families or a friend except for those over 65 years of age. Of these only 46 percent lived with a family member or friend. In fact 52 percent of patients known to us over 65 years of age, lived in institutions. The probability is great in our case load that an elderly person will be poor and isolated. This is not limited to the teaching services. Forty percent of all private referrals were over 65 years of age and predominately lived alone or in an institution.

Inpatient referrals constituted 33.5 percent of the patients; clinics and Bunker Hill 61.2 percent and Emergency and Overnight Wards 5.3 percent. Over half the patients were referred by physicians, 16 percent by other social workers or agencies, 12 percent through rounds; 8 percent by the patient or family and 5 percent by nurses.

One-third of all referrals were made by the Medical Service; 19 percent by Psychiatry; 13 percent by the Children's Service; 8 percent by Surgical; 7 percent by Neurology; 5 percent by Orthopedic and approximately 1 percent each by the smaller services. Social evaluation was the most prominent reason for referral (44 percent). Discharge or future planning consisted of 28 percent of all referrals.

Forty-five percent of the patients required and received some form of concrete service, such as post-hospital placement, transportation, prosthetic device, assistance with finances. Fifty-eight percent received some form of social work treatment. Many patients obviously received both.

In order to provide these services 7,413 different people were contacted during the month, and there were 17,255 different contacts. On the average each patient had 3.5 interviews and 2.5 telephone calls with him, his family or another agency. The average length of an interview was 30 minutes.

For the year as a whole, marked increases in referrals continued in the Baker Memorial, Children's Service, Orthopedic and Surgial Services. The Ambulatory Screening Clinic is covered by the Medical Clinic Social Service Unit. This new service has resulted in another marked increase in numbers of patients referred to this unit of the Department.

The Department has continued to review a randomly selected sample of records of patients with whom social workers have worked. Between October, 1968 and December, 1970, 306 records have been reviewed. On the whole the committee of staff who constitute the reviewers were pleased with the quality of work

accomplished and recorded. However, 8 percent of the records were inadequately recorded so that evaluation of service could not be completed on first review. When further information was obtained only 2 percent of records indicated inadequate or questionable service was performed. In all instances the staff performing the work is informed of the committee's opinion and where inadequacies appear the supervisor is asked to work with the staff member so that the problems are corrected.

Twenty-six graduate students from Simmons, Smith and Boston College Schools of Social Work have been provided educational placements by the hospital during the year. We looked at student training in the January survey. Students provided 13 percent of the interviews and services to patients (1,312 interviews). Students provided six hours of direct service to patients for each hour invested by a staff worker in their education.

During the year $125,918.86 was spent by Social Service in help to patients in order for them to carry out the medical recommendations. This is an increase of approximately $21,000.00 from the prior year. The largest items were transportation of patients to and from the hospital, $72,389.24; payments for camp, $18,306.20; and for nursing home care $11,324.88. Of the total, the Edward V. Bird Fund paid $43,213.51, Departments of Public Welfare and families $56,578.32, and Social Service from our own funds or from specific donations from Trusts or other agencies $26,127.03. We are very grateful to the following for their help in meeting many of the ancillary needs of our patients: American Cancer Society (Massachusetts Division), Boston Rotary Club, Boston Safe Deposit and Trust Company, John W. Boynton Fund, John Clarke Fund, Lotta M. Crabtree Estate, Fragment Society, Ladies Visiting Committee of the Hospital, Lend-A-Hand Society, United Community Services, Frederick E. Weber Charities Corp.

ELEANOR CLARK
Director of Social Service

Report of the Bunker Hill Health Center

In keeping with the Massachusetts General Hospital philosophy that comprehensive health services in communities are best offered in the context of the basic unit of society, the family, the Health Center has organized primary or first-line caretaking in teams of pediatricians, internists, nurses, nutritionists, dentists, mental health and social workers. Two such teams have been operational since late 1969 and offer family-centered, continuous, comprehensive, unfragmented and coordinated care. Medical and surgical specialist consultants supplement the services of these ongoing caretakers seeing patients in the Center on a scheduled basis, weekly, bimonthly or monthly as patient needs warrent. In an emergency, these specialists are available at any time as are all the services of the main hospital.

In October 1969, the Center extended its services by opening its doors Saturdays, Sundays and holidays, thus offering health care 365 days per year. This was made possible through a combination of volunteer and compensatory time efforts on the part of all the Center personnel, who deserve the highest praise for their dedication and devotion to duty and patient care.

Patient Care Services

Dr. Alvin Simmons with Dr. William Sack, Miss Barbara Burns and Father Thomas Panowicz of the Center Community Mental Health Service has established a formal working relationship with both public and nonpublic school teachers, adjustment counselors, and school guidance counselors, local headstart programs, secular and religious neighborhood clergy, offering direct patient care as well as consultative services.

Miss Eileen L. Buckley, R.D., Center Nurtitionist, has initiated many new services and activities. Chief among these are evaluation and diet counseling services for weight reduction, anemia, feeding problems and prenatal counseling, a nutrition referral system, a teen weight reduction program, and food education programs. She acts as advisor to the headstart school and commodity food programs.

Dr. Myron Allukian with Dr. Gary Goldstein have expanded the dental services from one consisting only of prophylaxis, examinations, temporary restorations and amalgams to include health education, radiography, fluoride treatments, silicate and plaster restorations, pulpotomies, crowns, bridges, etc. Dr. Allukian has accepted the position of Director, Division of Community Dental

Health Services for the City of Boston but will remain as Chief of Dental Services at the Bunker Hill Health Center.

Miss Kathan Kennedy has organized the 12 members of the nursing staff so that each nurse functions in three areas: 1) as a practitioner carrying her own caseload in collaboration with her physician preceptor; 2) triage; and 3) in community nursing where she practices in the home, school and community agencies.

Dr. Edward Dyer, F.A.A.P., was joined by Drs. Leo Burgin, F.A.A.P. and Dr. Judith Gieske in late 1969 to provide pediatric care. Because of the unique arrangement of being responsible for the Charlestown school health program (five public and three parochial grade schools, one public junior high and one public high school), the health center was able to engage in significant preventive and public health efforts for the Charlestown children. With the underpinning provided by a Children's Bureau, Department of Health, Education and Welfare grant, these children are provided opportunity to be examined at no cost. A complete history, review of symptoms, physical and laboratory examination is performed at the Center. Immunizations are made current, and hearing and vision tested. In addition, any defects uncovered are investigated and cared for.

Health Center personnel collaborating with the Harvard Center for Community Health and Medical Care designed an idealized school health program. Our recommendations for change of the school health system in the City of Boston was shared with the Harvard University Graduate School of Education Committee asked to study the problems. If implemented, it should have far-reaching effects.

Mr. Henry Sikkema, Misses Joan Weinstein and Mary Kearney and Mrs. Ellen Sherman, as well as the Division of Child Guardianship worker at the Center, Mrs. Barbara Fowler, have been skillfully balancing social action and social work so that a helping influence can be felt, not only on behalf of specific patients and families, but also on a broader community action level. Close working relationships have been established with the other caretaking agencies and during the fall of 1970, an Interagency Service Association of Charlestown Agencies established. This relationship has helped us come closer to the holistic goal outlined by Dr. John Knowles in his preamble to the "Charlestown Project" in 1967, which indicated that the health of a community must inevitably include considerations of its economic, educational, recreational, housing and general social conditions.

Drs. Roger Sweet and Robert Leet assisted by Drs. Joseph Murphy, Joseph Herskovits and Anne Godley, have been increasingly

busy in the adult medical portion of the team. They have successfully implemented the nurse practitioner concept. Trained in the medical student preceptor model, these nurses have been remarkably successful. It is too soon to statistically measure the benefits of this program, but anecdotally it has been demonstrated over and over that the nurse so trained is better equipped to handle many management problems than the physician colleague. Her scope being broad particularly in teaching and counseling allows her to ferret out a host of social problems adversely affecting the well-being of her patients.

Organizational Interaction

1. City of Boston, Department of Health and Hospitals

As a major partner in this effort, we are continually grateful for the support, collaboration and cooperation of the Boston Department of Health and Hospitals. On the basis of the Department's experience with the Massachusetts General Hospital in Charlestown, a plan has been formulated to provide primary health care to the remaining areas of the city. The first planning meeting was held October 24, 1969 at the Health Center. The Massachusetts General Hospital is cooperating in every possible way in this important city-wide innovation.

2. Harvard Center for Community Health and Medical Care

The effectiveness of the Health Center as a mechanism for improving the delivery of health care has yet to be demonstrated conclusively, and planners do not yet possess sufficient information on which to base decisions about the kinds of facilities that are needed or how services should be offered. The medical needs and desires of the populations to be served, present patterns of health care utilization in the neighborhood, and financing mechanisms are among the most crucial questions to be explored. Dr. Paul Densen and his staff from the Harvard Center for Community Health and Medical Care are helping Dr. Gordon Moore, Chief of Evaluation at the Center, to seek answers to these important contemporary questions.

3. Commonwealth of Massachusetts, Department of Public Welfare, Division of Child Guardianship

A Division of Child Guardianship worker is assigned full time to the Center, adding a significant dimension to our capacity to serve these needy children.

4. Centaum

The director of the Committee on Educational Needs for Teenage Unwed Mothers – a cooperative program between the Department of Health and Hospitals and the Boston School Department – have met periodically with representatives from the community and health center. As a result of these meetings, a site was prepared and established in Charlestown to accommodate these youngsters.

5. Boys' and Girls' Clubs of Boston, Charlestown Branch

The Boys' and Girls' Clubs of Boston collaborate in several ways with the Center's efforts to improve the quality of life for Charlestown youth. The dental facilities of the Boys' Club have been made available for a selective preventive program after consultation with the Center Chief of Dentistry. The Center nutritionist has assisted in revitalizing the nutrition program of the Clubs.

6. John F. Kennedy Family Service Center

As the Area Planning Action Council (APAC) of the Action for Boston Community Development for Charlestown, the John F. Kennedy Family Service Center is an extremely important link to the community and an ally in our thrust to meet community social needs. The interaction of the community mental health and social service departments has been referred to.

Other examples of cooperative endeavors between the John F. Kennedy Family Service Center and the Health Center are:

a) Head Start physical examinations and follow-up;
b) Nutritional consultation to the Day Care Centers;
c) Lectures by Health Center personnel on pertinent topics;
d) Nursing consultation to Day Care Centers and Head Start Programs;
e) Responding to community aide identification of unmet health problems in the community and/or individuals.

7. Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc.

Selective deficiencies on a community level for physical, occupational and speech therapy were corrected through an important contractual arrangement with the Easter Seal Society and the Health Center. Additionally, a full service information center for identifying sources of help, particularly in the area of chronic disease, was established in Charlestown by the Easter Seal Society.

8. Commonwealth of Massachusetts, Department of Public Welfare

Full-time secretarial and half-time social worker coverage continue to be provided in the Center affording extended opportunities to people in need of these services.

9. Catholic Charitable Bureau of Boston, Inc.

The Catholic Charitable Bureau is now a nondenominational agency designated by the State to provide care for unmarried mothers, foster placement and adoption of children in Charlestown and the surrounding areas. In areas of mutual concern and responsibility, active collaboration and cooperation is effected.

Community Relations

1. On behalf of the Health Center, on the anniversary of the Battle of Bunker Hill, June 17, Dr. John P. Connelly, Executive Director of the Health Center, accepted the Community Service Award of the Charlestown Veterans of Foreign Wars, Post 544, at its annual awards dinner from Commander Richard Flynn.

2. The Parents and Friends of Exceptional Children of Charlestown, Inc. awarded honorary membership to that organization to the staff of the Bunker Hill Health Center. Christmas gifts donated by center personnel were distributed to these children during the Christmas season.

3. The Charlestown Community Council, an organization composed of members from all social, religious and health activities in Charlestown, elected Dr. Connelly to its Board, April, 1970.

4. An Art Fair sponsored by the Ladies Visiting Committee of the Massachusetts General Hospital is held every three months for all the children in the various grades of all Charlestown schools. Ribbons and book prizes contributed by the Ladies Visiting Committee are awarded to the most distinguished entries as judged by community art teacher and professional (Museum of Fine Arts) judges. Selected paintings are framed for permanent display at the Center. This activity has been received very well by the community.

Evaluation

Under the direction of Dr. Gordon Moore and the active collaboration of the Harvard Center for Community Health and Medical Care, during the year the Evaluation Unit at the Bunker Hill Health Center has been engaged in the following studies and activities.

1. The medical record system for the Health Center was finally set up to share a common number with the Massachusetts General

Hospital and the re-ordering of the record system has been completed. All records at the health center now have a Massachusetts General Hospital number and old records from the hospital are being systematically retrieved for use at the health center. A system of monitoring records and sending records to the hospital for care delivered there has been initiated and is operational.

2. In October, 1969, the Evaluation Unit initiated the use of the medical encounter form and data collection was continuous on that form through 1970. The form was revised in May, 1970, and at that time the Departments of Nursing, Nutrition, Mental Health and Dental Health began using their own visit forms for data collection.

3. Health Center statistical reports were compiled and written up for the various quarters of 1970. These have served as a valuable documentation of the content of the center practice and the effectiveness of the center in meeting community needs.

4. During the fall of 1969 a draft of the community survey to be carried out at some point in the future was completed and submitted to the Center for Community Health and Medical Care. A joint meeting of several health centers within the Massachusetts Institute of Technology Center for Urban Studies was held and funding sought for carrying out a city-wide survey of health care.

5. A study of the resources of Charlestown was carried out and completed by Mr. Ronald Brennan, a fourth-year student at Harvard College. This study documented all of the health resources and arranged them into a usable booklet which was reprinted and distributed to agencies throughout the community of Charlestown.

6. Special studies carried out by Dr. Lincoln Chen and Mr. Shan Crockett, fourth-year Harvard Medical student, investigated the group of preschool registrants for the first grade and kindergarten in Charlestown. Their studies were combined with a prior year study and demonstrated a gradual shift in the medical pattern of utilization in Charlestown towards the health center, as well as investigating other parameters of quality of health care.

7. A Friday afternoon seminar series was instituted and approximately 20 speakers were invited to the health center during the year to present their views on topics of community medicine.

8. Resource materials for the city of Charlestown have been assembled into a usable reference center. A reference file of papers of general interest in the area of community medicine was started and is being maintained for use by students and personnel of the center.

9. Using the basic encounter form system, the evaluation unit is collaborating with Drs. Robert Robertson and Irene Butter to

develop a set of costs of the health center in order to plan prepaid programs. The study commenced in the fall of 1969, and the study period went into full effect in the spring of 1970.

10. Collaborating with Mrs. Regina Herzlinger, the evaluation unit is helping her develop a one-year study into the institution of a management control system in a voluntary medical institution. Her plan involves the use of the basic data collection system plus time sheets which she and her staff have developed. This project started in January of 1970, and the data collection began in April of 1970 to continue for approximately one year.

11. The evaluation unit participated in the preparation of a proposal to establish and study an evening clinic using telemedicine as its basic modality.

12. Misses Rosemary Bonanno and Roberta Bernstein have carried out a study consisting of a random sample of emergency room users from Charlestown. This study sampled ten percent of Charlestown users for the year prior to the opening of the health center and a similar sample for the year following the health center's opening. The study has been written up and will form the baseline of further similar studies to evaluate the impact of the health center on emergency usage.

13. A mailer questionnaire, concentrating on users of the emergency room, was designed to investigate the attitudes and underlying reasons for Charlestown usage of the emergency room at the Massachusetts General Hospital. The study compares the Bunker Hill Health Center users to those receiving care elsewhere.

14. A study designed to evaluate the impact of the health center on the Massachusetts General Hospital has been designed and submitted for grant funding. This study will attempt to use two populations, one consisting of the welfare group in Charlestown and the other of all Charlestown hospital users at the Massachusetts General Hospital, to delineate the secular trends of usage of hospitals by the Charlestown population. An attempt will be made to correlate this with registration at the health center.

15. A study to implement and evaluate the use of the family status summary has been funded during the fiscal year and will start at the beginning of the fiscal year 1971. This study will summarize family visits by quarter for use by the physicians and by other members of the team at the health center. Such a status summary, it is hoped, will assist us in one of our goals; that is, the family orientation of our care.

16. Miss Bernstein and Dr. Moore have collaborated in analyzing

the results of a questionnaire sent to Children and Youth Bureau Project leaders in 1968. An attempt has been made to collate responses and to summarize the suggestions of the project leaders. This analysis will be published by the American Academy of Pediatrics in their forthcoming report by the Council on Pediatric Practice, entitled "Report on the Delivery of Health Care to Children."

17. A mailer questionnaire was sent to all of the private and house staff at the Massachusetts General Hospital as well as the nursing and social work staffs. An attempt was made to elicit knowledge about the health center and to indicate the areas in which the dissemination of information about the health center was needed.

Teaching

Bunker Hill Health Center teaching programs cover a wide range. They are outlined below.

1. Harvard Medical School
   - HMS I: Behavioral Science Seminars
   - HMS II:
     1) Introduction to Clinics
     2) Social Medicine tutorial biweekly seminar on community health centers
   - HMS III:
     1) Clinical Electives – Medicine
        Pediatrics
     2) 1-2 month electives in the epidemiology of community health
   - HMS IV:
     1) Electives in Clinical Pediatrics and Clinical Medicine
     2) Elective in epidemiology of mental health
2. Harvard School of Dental Medicine
   a) Each senior student rotates for one month
   b) Summer Externships – one student full-time for ten weeks
3. Harvard School of Public Health
   a) Case studies and lectures in the Department of Health Services Administration
4. Massachusetts General Hospital Training Programs
   a) Nutrition: All dietetic interns (27) rotate to Bunker Hill.
   b) Community Mental Health Training Program for Social Workers (NIMH Grant) (2-4 trainees full-time)
   c) Nursing
      1) Pediatric Nurse Practitioner Program – Twenty registered nurses trained for 16 weeks to expand

their role. 72 graduates to date.

d) Psychology
   1) One pre-doctoral intern
   2) One post-doctoral fellow in community mental health
   3) Summer work experience planned for college psychology majors

e) Pastoral Counseling
   1) One divinity student every 2 months, full-time

f) Physician Residency-Training Programs
   1) Medicine: Electives for special studies
   2) Pediatrics: Elective for clinical preceptorship
   3) Psychiatry: Elective for clinical preceptorship

5. Colleges:
   a) Four summer fellowships planned in Evaluation Unit
   b) Senior nutrition student, 1 day per week for six months from Simmons College

6. Others
   a) Forsyth School for Dental Hygiene, 8 student hygienists, 2-1/2 days per week during school year
   b) Girls' Trade School – two dental assistant trainees, full-time, 15 weeks of the year

JOHN P. CONNELLY, M.D.
Executive Director

Report of the Medical Station at Logan Airport

This year was another one of transition for the Medical Station which has been in daily operation at Logan International Airport since January 3, 1963. A move to the centrally located control tower building was completed in April. Despite this, attendance has continued to increase. The Medical Station is not only an ambulatory primary care site but is also a major immunization center for the world traveler.

Opened as a direct physical extension of the hospital and operating under its fully-developed professional and other health service codes, the challenge from the start has been to provide optimum care of the ambulatory patient. Operationally, this requires a type of professional dedication far different from that required for inhospital service.

From modest beginnings, the daily patient census averages 100 with periodic fluctuations due in large part to the immunization needs of world travelers. Epidemics of preventable infectious disease still pose a health threat to international visitors which can be largely prevented by appropriate immunization.

Our primary focus is anticipatory medicine, the ultimate objective of the health professional. To determine the true needs of a population, health demands must first be met. Accordingly, initial emergency and primary professional care for all employees and others with illness or injury, work-related or not, has been provided.

From our very beginning, the role of the professional nurse in the delivery of direct patient care has been emphasized. The nurse clinician is the focus of all patient care activities. Task apportionment is an ever changing but mutually integrated method for increasing the total number of patient-care hours available. Within a period of a few months after opening, the practicing nurse clinician able to practice at an ambulatory care site emerged. She rapidly became a health professional who was able to confront a patient with an undifferentiated clinical problem, assume ongoing responsibility and manage the patient to the limit of her individual professional ability. Just as the physician refers a patient to another health professional with different skills, so too does the nurse clinician. Physician transfer of a patient with, for example, a penetrating and potentially disastrous wound of an eyeball to an ophthamologist or referral of a patient with an abdominal mass to an expert surgeon is also a standard procedure. So too does the nurse clinician practice referral

when her professional capacity has been exceeded.

Nurse clinicians at the Medical Station are able to elicit effective physical histories and to perform expert topographical physical examinations. With the changing medical climate and the now widespread acceptance of the nurse clinician (not so the first five years of any operational activities at the Medical Station) new skills have been acquired by Medical Station nurses.

Physician coverage has been deliberately limited to a period of from 8 to 11 in the mornings and from 4 to 6 in the afternoons. It rapidly became apparent as mutual nurse and physician experience accumulated that totally appropriate management of many patients could be carried out after preliminary history-taking and physical examination by the Medical Station nurse supplemented with a telephone call to the distant physician. Within a few weeks of opening, the concept of telediagnosis (meaning diagnosis at a distance) rapidly crystallized and was discussed in depth with a wide variety of professionals from the hospital. It was proposed that bidirectional television circuitry supplemented with diagnostic and monitoring devices be provided to enable a distant physician with the assistance of a nurse clinician at the Medical Station to provide emergency care and medical direction from the hospital. The first major new undertaking of the Medical Station was the implementation of this concept with the aid of a grant from the Department of Health, Education and Welfare, Public Health Service. The first interactive transaction was carried out on April 8, 1968. Since this time the concept and actual practice of telemedicine has been successfully used in nearly 2,000 patients. The feasibility of telemedicine and its acceptance by patients and all other participating health professionals has been clearly documented. The microwave nature of this system insures confidentially. In fact, the exchange of confidences is so dramatically facilitated by the interactive television that counseling with optimum allocation of the personal presence of the professional has become one of the major accomplishments of this original circuitry.

To the nursing staff under the direction of Miss Marie E. Kerrigan and to Dr. John G. Clark and Dr. Thomas F. Dwyer of the Psychiatric Service belong kudos for developing telepsychiatry. Acute crisis intervention from a primary care site, the Medical Station, along with the related psychiatric supportive services, are now practiced daily by these and numerous other of their fellow psychiatrists.

Many major problems of the youth culture of today focus around drug use and abuse. Logic dictates that every effort should be made

to minimize drug abuse in order to prevent relentless progression toward drug addiction. Studies carried out at the Medical Station have clearly demonstrated the feasibility of offering a wide variety of youth counseling services via interactive television from the hospital itself to troubled youths who reside in communities, especially East Boston, in the vicinity of the airport. The Massachusetts Port Authority, already a cosponsor of the Medical Station, in December 1970 provided a generous two-year grant to initiate this type of telecounseling with specific reference to youngsters in junior high school. Not only does bidirectional television circuitry permit utilization of the full potential of the health professional, it virtually eliminates travel time, and appeals to the youngster already somewhat disenchanted with the establishment. Furthermore it offers the possibility of providing dramatically effective completely reproducible approach on a much wider scale.

Telemedicine, or the practice of medicine without the usual doctor-patient confrontation, has already become an effective new way to deliver health care services thanks to these studies initiated at the Medical Station. Telemedicine will be further explored in a variety of settings. Toward the end of this year use of the problem-oriented medical record concept in this ambulatory care setting was also introduced. Already the amount of data base or patient information which can be collected exceeds the operational time which can be allotted for recording. The use of graphics, specific pictorial input and other devices will be explored in the coming year.

KENNETH T. BIRD, M.D.
Director

Report of the Dietary Department

Change is and will continue to be an inherent aspect of food service operations. As we proceed with new concepts and innovations to insure future excellence, we are ever conscious of the dual responsibility that manages change while achieving present objectives.

The Dietary Department has long been interested in computer application to the menu tally. This year a talented programmer from Data Processing joined our committee, and output from the program now includes tallied menu items arranged on worksheets for each production area, total listing of these items for each floor, and a dietary census. A new menu format, expanded menu selection, and the combined efforts of the main kitchens have enabled us to use one cyclical menu for all patients. Several benefits have been accrued: legibility, accuracy, and most important – time. It now appears that the diet aides' schedules can be revised to include nourishment service as a part of their responsibility thus releasing nursing personnel for other functions.

A short term study of the Phillips House food service by the dietary staff resulted in the recommendation of a system of centralized tray service as a long-range objective and proposed the inclusion of the supportive services of diet aides for more immediate solutions to increased efficiency. The concept was accepted and schedules have been revised to incorporate two diet aides.

We participated in a study conducted by the Laboratory of Industrial Engineers. Their charge was to study the line-side problems of the cafeterias and make recommendations for accommodating the 2,500-3,000 customers at noontime. As a result of this survey of time and space, Line 3 in the General Cafeteria has been made a self-service unit – offering sandwiches (hot and cold), salads, desserts, fruits and beverages on disposables.

A Home Economics graduate is now assigned to the White Kitchen where she carries responsibility for "Staff Functions". This aspect of catering, like the "standing orders" has continued to increase.

Blueprints for the departmental facilities in the Gray Basement are quite complete. Mrs. Evelyn Stigger and Miss Florence Willis merit special mention for their assistance in the planning and layout of the offices and classroom-library. Mr. Norman Grimm (retired from Brandeis University Food Service last year) has been working part-time with Mr. Douglas Peay on storage and refrigeration. Mr. Carlton Goff (resident architect) and Mr. Paul Lancaster (interior decorator)

have been patient teachers and advisors to all of us! Quite apart from these large projects the tempo has accelerated. For example, it's no small feat to maneuver $1,431,602.47 worth of food into the Food Store around the obstacles of Eye and Ear Infirmary construction.

Recommendations from the White House Conference on Food Nutrition and Health, the adoption of registration for members of The American Dietetic Association, and the continuing education requirement for maintaining that registration has served as special incentive for continuing education. The staff committee included programs for clock hours of credit here at the hospital; several dietitians participated in state and national association activities; and community interest was evidenced through membership in Massachusetts Restaurant Association, Greater Boston Food Education and Information Committee, Massachusetts Task Force on Nutrition, Meals-on-Wheels Committee, Massachusetts Dietetic Association Legislative Committee, Dial-a-Dietitian, etc.

Statistics from clinical areas indicate some changes in diet orders, paralleling the regionalization patterns, i.e., in the Baker Memorial 35 percent of the diet orders include a sodium restruction; on the surgical service innovations in hyperalimentation has required $6,720 worth of an elemental diet formula; the medical service records the usual number of caloric intakes; there appears to be a special interest in pediatric nutrition. Group activity has been successful this year – the patients in Bulfinch 7 and 8 prepare their supper meal each Wednesday, and, under the direction of an occupational therapist, White 9 patients enjoy summer cookouts and winter buffets once a week.

The theme of the 53rd annual meeting of The American Dietetic Association "Challenge and Commitment in the 70's" is a worthwhile stimulant for institutions that sponser dietetic internships. Through our program, "designed to train manpower to promote and maintain health," we are meeting one of the most vital recommendations of the recent White House Conference: 26 young women and one young man are enrolled this year. Mrs. Polly Fitz, representing The American Dietetic Association, did a site evaluation on April 30, May 1 and 2, 1970, and recommended the continued approval of Massachusetts General Hospital Dietetic Internship Program. She was especially interested that the affiliations which have been incorporated into their service rotation have been extended: The Bunker Hill Health Center assignment from one to two weeks to afford more involvement through the continuity of increased participation, and the use of teleconsultation as media for intro-

ducing the Veterans' Administration Hospital duty.

Much of the progress in our department is made possible by the loyal support of the nonprofessional personnel – 27.6 percent of whom have been here more than 5 years; 17.0 percent who have had more than 10 years of service and 5.3 percent whose record dates back for more than 20 years.

We have lived daily with change and, far more demanding, with a constantly accelerating rate of change. We believe that the plans we are making now are basic to the future development of dietary services to this hospital.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietetic Internship

Report of the Treadwell Library

During fiscal 1969-70 the staff of the Treadwell Library has continued in its effort to improve its services for all personnel of the Massachusetts General Hospital. Toward this end the staff itself has exhibited a spirit of cooperation far above any experienced by the Librarian during her fourteen years at the hospital. An effort has been made to keep the collection up-to-date, within budget limitations, by purchasing relevant books as they were issued, by withdrawing monographs no longer useful, by adding new journals within the scope of the objectives of the hospital, and by cancelling journal titles no longer used enough to warrant use of shelf space to house them. The latter has only been done after determining that the publications are available elsewhere in the Boston area. Time used for photocopying has been doubled and one person spends at least three-fourths of her time obtaining publications not owned by Treadwell from other libraries by interlibrary loan.

During the year the collections of the Library were increased by 1,357 bound volumes, 907 of which were added to the journal collection. The continuing weeding program resulted in the withdrawal of 92 volumes for a net gain of 1,265. This brought the total volumes in the Library to 35,714. Since the total reported for fiscal 1968-69 was 32,315, there would appear to have been more of a net gain than has been reported here. However, an error made in 1968 caused the discrepancy. The total number of volumes should be as reported this year and a correction made in the totals for 1968 (31,305) and 1969 (33,939) in last year's report.

The use of the teletyperwriter exchange (TWX) linking the Treadwell Library with other libraries having similar equipment has helped to speed the sending of requests for and the receiving of publications not owned by the Library. This year an improvement was made in the system when the Treadwell Library was designated as one of the libraries in the New England Regional Medical Library System that might request material, not owned by libraries within the Region, directly from the National Library of Medicine instead of routing all requests through the Francis A. Countway Library of Medicine. Since 1957 the library has kept a record of the source of all material it has obtained on interlibrary loan. Therefore, it is a simple matter to determine from whom to request that material again. Also, a list of the Countway's holdings and the *Union List of Serials in the U.S. and Canada,* as well as other lists of serial holdings of various libraries

are used to decide where a journal may be located. Our interlibrary borrowing seems to have leveled off since we received just two fewer (1333) publications, or photocopies in lieu of originals, on interlibrary loan during the year than during the same period last year.

An average of 9000 pages were copied each month during the year. This means that the Xerox machine is used for a large portion of the day – Monday through Friday – and that it is causing one of the problems which urgently needs correcting. The noise made by the machine, now located in the workroom where many other services are performed, has proved to be intolerable for some of the library staff. This, together with the TWX, results in a noise level which should be removed from the immediate vicinity of the Reading Room. Additional space for the Xerox and TWX machines removed from the work area yet near the Library would eliminate this nuisance. More space would, also, make it possible for the Library to have a second copying machine that might be used by the occasional person who wished to do his own photocopying and as a backup machine when the one we have is out-of-order. At present we have room for only one machine and, because it is located in the workroom, it is impossible to allow individuals, other than library staff, to use it. The library staff has been subjected to much criticism because of this. Even a single room would help to alleviate this condition as well as provide space for wall shelves for the storage of material withdrawn from the library and awaiting shipment of other libraries on the exchange programs. We now store this material on Gray 7 – a considerable distance from the Library.

Another pressing problem is that of sufficient and better-planned space for two library staff members. Both the serials and catalog librarians are now working in the Cabot room, which is the reading room for the Social Service Department, where the lighting is poor and where there is no shelf space for the publications with which they work. These two people do their work without complaints, but their work is made more arduous because of these inconveniences.

During the year the Medical Records for 1822-1900 were removed from the vault and are now stored in locked cases elsewhere in the hospital. This has made it possible to move monographs published before 1960 (with the exception of series) from the Reading and Smoking Rooms into the vault. The new location of these publications has been noted on all catalog cards. This move has left space for the addition of new monographs, but it means that a library staff member must get the older books from the vault when a reader wishes to use them – an inconvenience for both the readers and the

staff. During the shifting of these publications all of pre-1960 publications were reviewed and many of them were either withdrawn or replaced by newer editions.

The circulation system introduced in the fall of 1969 is working very well. It eliminates most of the typing which was once necessary for the sending of overdue notices. Because the library is notified of most terminations quite promptly, it is possible to keep our borrowers' file up-to-date. We still have the problem of books and journals being taken from the Library without being properly signed out. These publications are then lost to others who wish to use them, and, in many cases, they are out-of-print and very difficult to replace.

Meetings attended by the Librarian included:

(1) A joint meeting of the Upper New York State and the New England Groups of the Medical Library Association in Rochester, New York, Oct. 3-4, 1969.
(2) The annual meeting of the Medical Library Association in Louisville, Kentucky, October 25-30, 1969.
(3) A planning meeting of the Continuing Education Committee of the Medical Library Association in New Orleans, La., on Jan. 6, 1970.
(4) A meeting at the Francis A. Countway Library of Medicine on Systems for Medical and Biological Science Information Searching (SYMBIOSIS) on Jan. 30, 1970.
(5) A MEDLARS Search Seminar at the Francis A. Countway Library of Medicine on March 13, 1970.
(6) The annual meeting of the Medical Library Association in New Orleans, La., May 16-23, 1970.

Short orientation sessions were held throughout the year for the first-year student nurses, third-year Harvard medical students on the Surgical Service, and dietary interns. Most of these groups visited the Library for this introduction to its facilities and services.

During the year the Librarian visited the medical libraries of the University of Rochester, Rochester, N.Y., Louisiana State University and Tulane University, New Orleans, La.

Visitors to the Library included: Mrs. Vibha Goysookho, Siriraj Faculty of Medicine Library, Mahidal University, Dhonburi, Bangkok, Thailand; and the Misses S. Castilho, B. Ferrosu, and Z. Ravache of the University of Parana, Curitiba, Brazil.

Staff changes during the year included the resignations of Miss Antonia L. Polsinelli in October, Ronald Garrett in December, Rodney B. Perry in June, Arthur McLaughlin in April, and Miss Gail

Porter, who transferred to the Administrative Offices, in June. Their replacements were Miss Ying Ping Mai, Thomas Shepard, Mrs. Janice McAdams, and Miss Teresa Mak, respectively. At the end of August the Misses Mai and Mak, who are sisters, were married and Teresa resigned to attend graduate school at the University of Massachusetts where she and her husband live. Miss Mai, now Mrs. Andrew Y. Pao, continues as Assistant Librarian in charge of circulation, and Mrs. Lilly Wechsler, as Assistant Librarian and Cataloger. Clerical assistants have been Robert L. Amrhein, Thomas E. Flaherty, John M. Flaherty, and Thomas Shepard.

To each member of the Library Committee go my sincere thanks for his/her help throughout the year.

Many individuals and departments have given the Library publications for which we are grateful. As always, these gifts were carefully evaluated and either added to the Treadwell Library collection or offered to other departments or individuals within the hospital or listed with the Medical Library Association and United States Book Exchanges. During the year 8,781 items were given away through these channels. We are always glad to receive publications no longer needed by individuals or departments so that we may continue this program of helping other libraries complete or build their collections. We do like to have lists from which to choose since we can get overloaded with such journals as the *New England Journal of Medicine* and the *Journal of the American Medical Association.* A list of donors is kept on file in the Library.

The statistics for the year follow:

	1969	*1970*
Number of periodical volumes	21,017	21,924
Number of other volumes	13,432	13,882
Total volumes	34,449	35,806
Number of volumes withdrawn	510	92
Total volumes in Library	33,939	35,714
Number of pamphlets (approximate)	2,350	2,400
Number of items received from the National Library of Medicine	202	196
Number of pages copied in Treadwell Library	105,660	107,436
Number of items given away	8,443	8,781
Number of periodical titles currently received	760*	778***
Number of bound publications loaned	4,726	4,552
Number of unbound publications loanedd	950	704
Total loans	5,676	5,256

Number of items borrowed from other libraries	1,335**	1,333**
Number of items loaned to other libraries	105**	58**
Number of persons using the library during the day	29,621	30,398
Number of persons using the library during evening	6,082	6,405
Total number using the library	35,703	36,803

* Includes 565 purchased, 93 gifts, and 102 annuals
** Includes photocopies received and sent in lieu of original publication
***Includes 576 purchased, 79 gifts, and 123 annuals

GENEVIEVE COLE
Librarian

Report of the Volunteer Department

As we stepped into the 70's many of us were concerned about the future of volunteerism and how to better unify all volunteer efforts at MGH.

We deeply appreciate the support of the Advisory Committee, under the able leadership of Dr. John D. Stoeckle, and our dedicated group leaders and volunteers. Their loyalty has been and always will be vital to the continuous growth and progress of volunteer services at MGH.

Our thanks to Drs. H. Thomas Ballantine, Jr., and Edward F. Bland, members of the Committee since its formation in 1957, for their loyal support and deep understanding of the role and meaning of volunteer services here. They have been succeeded by Drs. W. Davies Sohier, Jr., representing medical service and LeRoy S. Wirthlin, surgical service. Dr. Edward M. Keenan has succeeded Dr. Andrew Guthrie of the Children's Services in the Clinics.

It continues to be most gratifying to note that the progress of the Department is measured not so much for the greater number of volunteers contributing a service or the hours given, but in the improved training programs and the new areas of service in which volunteers are needed and accepted.

An unusual request this year came from the Nursing Staff Education for assistance in the production of a series of educational films. We recruited 66 men, women and student volunteers to act as patients, and they performed admirably. Everyone was most grateful to them for helping to make this series possible. Staff Education and the Dietary Department are to be commended on the excellent training given to the 75 evening volunteers assisting with patient care duties on the units.

Another new placement is in the Ambulatory Screening Clinic where eight volunteers are assigned. Also, a former volunteer, Mrs. Nancy Jessner is now in charge of the Warren Library and she is training ten volunteers.

Continuous progress is being made in extending our service in the Emergency Ward, this time in the direction of a special recruitment of 25 volunteers trained for patient information service to families in the family waiting room. The enthusiasm and expertise of Miss Barbara Sparr, R.N. has made this much needed service a reality. Forty other volunteers help in the Emergency Ward performing patient care duties, dispatch, etc., bringing the number to a total of

65 assigned to this area from 9:30 a.m. to 9:30 p.m.

We are most grateful for the interest of the talented sculptress, Miss Amelia Peabody, chairman of the Boston Metropolitan Chapter, Red Cross Arts and Skills Service, who recruits and trains volunteers for this hospital service. Supplies are provided by the Red Cross for the benefit of the patients. During the period of October, 1969, through June, 1970, six Red Cross volunteers contributed 234 hours, teaching 469 pediatric patients on the Burnham units and on White 5 the art of making creative clay objects, and how to stencil on place mats, napkins, etc.

In 1956 we recruited seven volunteers for the pediatric units, to help nursing service in the development of the first recreation service at MGH. Since then numerous studies have been carried on. I sense the belief from the staff and volunteers that during these years of study and service, patients have been helped by the skillful team of professional recreators and volunteers and that the service has proven to be extremely important to the patients and their families. These skilled workers and volunteers have shown respect and care for the patient as a complete person.

By 1970 the program has expanded to White 5, 9, and 12, Bulfinch and Baker, and other areas are calling for the service. At the close of the year, 168 men, women, and student volunteers were recruited and have worked under the direction of seven recreation therapists helping to organize, initiate, and carry out day and evening programs.

Future trends toward total patient care indicate even greater growth and need for recreation services. Therefore, as a necessary part of the hospital environment genuinely attuned to the needs of the sick, the establishment of a recreation department at MGH merits our immediate and serious attention.

A grand total of 680 volunteers have collectively devoted over 58,000 hours this year to the various programs. This includes 30 high school and 90 college students.

As we plan ahead in the 70's we realize more than ever the need for additional staff and space to meet the needs of expanding services.

I am pleased to report the formation of a Volunteer Services Committee in June, 1970, under the able chairmanship of Mrs. R. Morton Claflin. This Committee, composed of the leaders of the various groups meets biweekly and supplants the Coordinating Committee founded in 1952. Mrs. George Blackman was appointed coordinator of the Committee and joined our Department in Septem-

ber. Miss Marjorie T. Bennett, Assistant Director, is the secretary.

The Volunteer Department Fund, to further the work of Volunteer Services, has grown to $1,110.00 this past year.

Our annual Trustees Christmas Volunteer Recognition party took place in the Penthouse this year and was enjoyed by the many who attended. The greatly admired decorations were designed and executed by a volunteer who is a professional window display decorator.

Mrs. Kathryn M. Trainor, a Red Cross Arts and Skills volunteer was the recipient of the ninth Jessie Harding Award. The following is an excerpt of the citation presented to her by Mr. Francis C. Gray, President of the Corporation. "Your contribution as a volunteer has been two-fold in that you have been here as a representative of the American National Red Cross and also as an important member of our volunteer family. Fourteen years ago you started your service, teaching the children in the pediatric units the fun and satisfaction of making ceramic articles, and you have won the love and admiration of the children, their families and staff. Your enthusiasm, skill, patience and understanding along with your constant praise and encouragement to over 3,000 children has been outstanding and carried out in the finest tradition of the MGH . . . . "

Our ten-year goal has been reached for our leadership course for Directors of Hospital Volunteer Services. The final four students received their certificates in 1970: Mrs. Martha Brine, Assistant Director of Volunteers, Brockton, Mass.; Mrs. Kathryn Carmichael, Director of Volunteers, St. Joseph's Hospital, Parkersburg, West Virginia; Mrs. Anne Fallon, recently appointed Director of Volunteers, McLean Hospital, Belmont; and Miss Aida Pagen, Beth Israel Medical Center, New York. There continues to be a shortage of trained directors of hospital volunteer services, and a course of this type is still needed. It is our hope that other hospitals will develop a course such as the one we offered so that this training will continue.

During the past ten years 42 students received certificates. They came from 13 states: Connecticut, New Hampshire, Massachusetts, Rhode Island, Vermont, New York, Illinois, West Virginia, Michigan, Minnesota, Nevada, Oklahoma and California. Also, four students came from Alberta, Vancouver, and Ontario, Canada, and two from Bogota, Colombia, South America. Several students are assisting me in compiling information that will eventaully appear in book form. They all join with me in expressing their gratitude to all the teaching staff who made this stimulating and educational experience possible. We have formed an alumni group and will continue to have our annual meeting at the New England Hospital Assembly. Now I am

sharing my expertise and experience with departmental visitors by offering a consultation service.

We record with deep regret the death of Mrs. David B. Arnold. Her devoted, loyal and outstanding leadership will be sadly missed.

My hospital visits included meetings with Administrators and Directors of Hospital Volunteers in Florida at Mound Park Hospital and Palms of Pasadena Hospital, St. Petersburg; Tarpon Springs General, Tarpon Springs; and Mease Hospital and Clinic in Dunedin.

MARY RUTH WOLF
Director

Report of Volunteer Services Committee

The Volunteer Services Committee, established in June, 1970, was organized as a working committee whose purpose would be to coordinate the volunteer activities at the MGH and to bring together in a closer relationship the Volunteer Department and the auxiliary groups that work within the hospital. It was hoped that the Committee would devise a means of recruiting more volunteers into existing programs, help start new volunteer programs, and try to interest diverse community groups in the volunteer effort at the MGH. The Trustees approved the formation of the Committee and agreed that it would replace the Coordinating Committee, which was no longer adequately serving the hospital's needs.

The Volunteer Services Committee began meeting every other Monday in September, 1970. The Committee membership includes the presidents of the MGH Service League, the Ladies Visiting Committee, the Vincent Board of Managers, the Distaff Club, the Director and Assistant Director of Volunteers at the MGH, the Director of Volunteers of the Vincent Memorial Hospital, and a Chairman. The president of the McLean Hospital Auxiliary and of the Ladies Visiting Committee of the Massachusetts Eye and Ear Infirmary sit on the Committee ex officio.

Realizing that to a great degree its effectiveness depended upon a close working relationship with the Department of Nursing and the Social Service Department, the Committee asked the directors of these departments, Miss Mary E. MacDonald and Miss Eleanor Clark respectively, to attend the Committee's meetings, and they have generously agreed to do so. Guests who have special strengths to offer attend the meetings and have been enormously helpful.

The Administration has shown its support by providing the services of Mrs. George L. Blackman, on a part-time basis to act as coordinator for the Committee. Mrs. Blackman has her desk in the Lawrence Room in the Volunteer Department and thus is in daily contact with Miss Mary Ruth Wolf, Director, and the members of her staff. This has proven to be a good arrangement and as a result of their excellent working relationship the ties between the auxiliary groups and the Volunteer Department have been immeasurably strengthened and augmented.

One of the first changes to be accomplished was the elimination of the arbitrary barriers between the auxiliary groups. All programs or projects heretofore reserved for one group or another are now open

and available to *all* volunteers.

In addition to the greater variety of jobs now available to volunteers, Mrs. Blackman reports that "by coordinating all volunteer efforts, the excellent orientation and training programs already in existence can be utilized by all volunteers, and extended and developed to meet the increased demands for such training. The initial steps in this direction have already been taken. Mrs. Francis Ingersoll, chairman for many years of the MGH Service League projects in the Clinics, has, with the guidance of Miss Ruth Farrisey, R.N., Executive Officer of the Clinics, opened the training sessions to all volunteers interested in becoming more knowledgeable about the Clinics. Similarly, the training program given by the Staff Education Department for volunteers in patient care services are now open to *all* volunteers irrespective of their area of service." Mrs. Blackman goes on to say, "the number of volunteers who are taking advantage of these opportunities indicates clearly that volunteers are also aware of the need to be better informed and better trained if they are to be of most service to the hospital."

Rather than attempting large scale recruitment activities at this time, the Volunteer Services Committee is concentrating on preparing new and more leadership and on redefining more precisely the needs for volunteers, the priority of those needs and on planning for adequate training for new programs.

A series of monthly morning coffee hours at which outstanding members of the hospital staff will speak to the volunteers is being launched in January, 1971, in the hope that this will strengthen the commitment of the volunteers to the hospital as well as deepening their knowledge of the work that is being done at the MGH.

The Committee hopes in the near future to publish a news sheet for volunteers to keep them informed on volunteer activities.

The Committee is very anxious to make friends in the communities from which most of our Clinics' patients come. Commenting on this effort, Mrs. Blackman has said that "by bringing concerned groups from these communities into the hospital for a social hour and tour we hope to forge bonds of deeper trust and understanding between the communities and the hospital. As a side benefit some people from these communities may be convinced as well that they themselves can contribute much to the hospital in a volunteer role."

The Volunteer Services Committee hopes above all that it can serve as a source of strength and support to the Volunteer Departments both of the MGH and the Vincent Memorial Hospital. And

that, through the joint efforts of all concerned, that volunteerism at the MGH and in the Vincent Memorial will develop in the decade ahead to fulfill the ever-increasing needs of both hospitals.

MRS. R. MORTON CLAFLIN
Chairman

REPORT OF THE LADIES VISITING COMMITTEE

Our 100th year has come and gone, and we have started on our second century with new ideas and new plans which is just as it should be; the Ladies Visiting Committee is changing to meet rapidly changing times. Our 100th anniversary was celebrated at a festive luncheon on October 16, 1969, beautifully arranged by Mrs. Augustus Thorndike, Mrs. James T. Baldwin and the 100th Anniversary Committee.

In January we opened the new General Store with a ribbon cutting ceremony. After years of wishing and planning and months of work and delay, this was truly a major event. We cannot adequately express our appreciation to Miss Anna P. Revere, Mrs. Francis C. Gray and the Store Committee who so capably guided this project to a wildly successful conclusion – and in addition accomplished the move with such dispatch that the Store was closed for only three days. Its success has proved the need, not only financially but in the greatly enlarged service to the entire hospital staff, patients and visitors.

Last fall a new committee – the Executive Committee of the Coordinating Committee – was formed. This committee, under the chairmanship of Mrs. R. Morton Claflin carried out a study of the volunteer situation both within the MGH, and in other hospitals in Boston and the suburbs; in Providence, New York, Chicago and San Francisco. Mrs. George L. Blackman wrote an outstanding and comprehensive report on the work of the committee. As a result of this report the Executive Committee made the following recommendation: that a Volunteer Services Committee be formed to be composed of a chairman, the chairman or president of the various auxiliary groups within the MGH and the Director of the Volunteer Department. This committee would seek to coordinate the various volunteer services in an effort to improve services to the hospital, and to lay the framework for an active recruitment program. The recommendation was accepted by the Ladies Visiting Committee at the April meeting.

In the midst of these far-reaching plans the work of the Ladies Visiting Committee continued unabated. Mrs. George L. Blackman in addition to her time-consuming work with the Coordinating Committee did her usual superb job as chairman of our Ward Visiting Committee. Heartfelt thanks are due to her and all members of her committee who devoted themselves to this very important service; particularly to Mrs. Taylor Black whose devotion and energy seemed

unending. Mrs. Blackman is retiring as Chairman to become Co-ordinator of the Volunteer Services Committee, and we welcome Mrs. Francis C. Gray, Jr. and Mrs. Phillips Hallowell as the new chairmen of this vital part of our activities.

Mrs. Ross E. Sherbrooke and the Children's Services Committee were on call when needed for our young patients in Burnham. Baker Hospitality, under Mrs. Thatcher P. Luquer's constant and faithful attention served coffee five afternoons a week to incoming patients and their families. In the spring the Baker Admitting Office moved to the new admitting area in the Gray Building where we now share facilities with the White Coffee Service run by the Volunteer Department; another step in the coordination of volunteer efforts within the hospital. Mrs. Frederick Deane continued her sympathetic and necessary work with Chaplain Allan Reed, who depends on her sympathy and understanding. Mrs. Eustis Walcott capably continued the management of the Travelling Store. Patients look forward to its arrival – as a social event as well as a source of many wanted and needed items.

Mrs. Peter Hunsaker and the Flower Committee have kept flowers and plants in the Chapel, the White Lobby, the Baker Memorial and Phillips House in addition to supplying flower arrangements for special occasions–an important and much appreciated service to the hospital. Mrs. William D. Manice, Jr. organized the Christmas supplies of paints and trees for the various wards with efficiency and enthusiasm and arranged for the annual carol singing on the wards; and Mrs. Francis B. Haydock made Christmas gay in the lobbies and waiting rooms with plants, trees and baskets. Mrs. W.G. Constable's Art Committee manfully keeps up with the ceaseless demand for new and varied pictures for all areas of the hospital and has earned the gratitude and praise of all. Mrs. Sewall H. Fessenden has continued to welcome and advise the young members of the Distaff Club who are most appreciative of her efforts.

The Coffee Shop, our joint enterprise with the Service League, continues to thrive under the chairmanship of Mrs. Lawrence Robbins of the Service League and with Mrs. Thomas H.P. Whitney as vice-chairman. Mrs. Charles Almy, as chairman of the Tour Committee, has been on hand to provide guides for both professional and lay groups who wish to visit the hospital.

The Ladies Visiting Committee is represented by Mrs. George L. Blackman on the Social Service Advisory Committee, by Mrs. Barry Bigelow on the Committee on Storrow House, and by Mrs. Taylor Black and myself on the Volunteer Advisory Committee.

We accepted with regret the resignations of Mrs. John B. Coburn, Mrs. Herbert C. Cornuelle, Miss Helen Moseley, and Mrs. Wheaton Kittredge. We welcomed two new members – Mrs. Harold N. Boyle and Mrs. Phillips Hallowell and welcomed Mrs. Henry K. Sherril and Mrs. Robert Vickery as Honorary Members.

We had as speakers Dr. John Knowles, Dr. John Stoeckle and Miss Eleanor Clark. It was a privilege to hear them, and I wish to express our gratitude to them for their kindness in coming to speak to us.

With the formation of the Volunteer Services Committee we look forward to an interesting and exciting year. We are confident that this new venture, which has the whole hearted support of the Ladies Visiting Committee, will prove of enormous benefit to the various member groups and to the hospital.

MRS. NELSON W. ALDRICH
Chairman, Ladies Visiting Committee

1970 FINANCIAL REPORT OF THE GENERAL STORE

Balance on Hand – December 31, 1969			$ 51,315.61
Cash Receipts $144,318.60 (225.06 + 84.85 + 347.45)			144,975.96
Total Receipts			$196,291.57
Expenses:			
Salaries	$27,694.21		
Blue Cross	276.89		
Workmens Compensation	55.33		
Hospital Pension	477.10		
Hospital Pension (Burnell)	552.36		
Social Security	1,331.78	$ 30,387.67	
Stock Purchased			
Outside Vendors	$91,385.00		
Upper Store	107.68	91,492.68	
Utilities Charge		138.43	
Miscellaneous:			
Mass. Sales Tax Payments	$ 2,345.28		
Maintenance	41.98		
Christmas	90.00		
Postage	.65		
Photo Lab.	30.00		
Returned Check (insufficient funds in Customers Account)	20.00		
Western Union	1.80	2,529.71	
Total Expenses			$124,548.49
			$ 71,743.08
Construction of new General Store			47,322.32
Paid to Ladies Visiting Committee from '69 Earnings			5,000.00
Balance on Hand – December 31, 1970			$ 19,420.76

SUMMARY

Receipts	$144,975.96	
Expenses	124,548.49	
Cash Gain	$ 20,427.47	
Increase in Inventory	676.83	
Operating Gain for 1970	$ 21,104.30	
Value of Inventory December 31, 1970		$ 7,763.21

Note 1. The following items were recorded in 1971, but will be excluded for the purposes of the 1971 report:

Cash Receipts	$ 657.36
Sales Tax for December 1970	328.02
Ladies Visiting Committee	5,000.00

Note 2: The fiscal year of the General Store remains on the calendar year.

MRS. FRANCIS C. GRAY
Treasurer

REPORT OF THE SERVICE LEAGUE

The MGH Service League membership as of December 31, 1970, totals 528. Seventy-one new members were added during the year. When the Service League first evolved, membership was comprised of only doctors' wives. Increasingly non-medical people are joining, often attracted first by our volunteer projects. Basic membership is still derived from wives whose husbands have faculty appointments at the MGH. Voluntary membership dues at $3 a year, along with varying contributions given with the dues, provide our total income. This year 348 members gave the Service League $2,087. One-third of the members contributed more than the regular dues.

About one-fourth of our members are active to some degree in our volunteer programs. The Service League has five in-hospital volunteer services: *The Reception Center, Clinics Projects, Chapel Concerts, Information Desks* and the *Coffee Shop.* With an accelerated need for services in all areas we find it increasingly difficult to staff our services with volunteers.

The Reception Center for Professional Visitors moved into comfortable, attractive quarters on the first floor of the Gray Building in May, 1970, after 15 years in a temporary enclosure in the Moseley corridor. It is a vast improvement. Under the supervision of co-chairmen Mrs. H. Walter Jones, Jr., and Mrs. William Baker, 34 volunteers gave a total of 1,085 hours of service in 1970, registering 143 visitors from 35 countries. Housing chairman, Mrs. William C. Quinby, reports that 92 requests for housing were filled: 20 furnished rooms, 65 apartments and 7 houses – five of our visitors this year required housing for pets brought along with the families from abroad! Twenty-two hospital departments are represented, the largest group coming to Anesthesia with 21 doctors, 14 in Surgery, 12 in Neurology and Neurosurgery, 5 in Pathology, 5 in Medicine with a scattering in other departments. More than half of these visiting professionals arrive between June first and October 15th, with a smaller peak of about 12 percent in December and January.

As an adjunct to the Reception Center, the Service League maintains a Furniture Exchange in space donated by McLean Hospital on their grounds. Mrs. Donald Fern has kept this big operation running smoothly, helping at least 80 families with furniture. Continuing donations are needed to maintain this service. The Service League buys new only double-bed mattresses and cribs – $441.24 was spent in 1970 on these items. The hospital provides a truck and men to

pick up donations, which is a great help.

This year the Reception Center has been able to give to our visitors 122 tickets to various events. The Service League for the first time bought a pair of series tickets to the Boston Symphony's Saturday night concerts, the Ladies Visiting Committee donates many symphony tickets and the Peabody-Mason Music Foundation has given us a generous supply of tickets to place. Visitors from abroad are enchanted with this service.

The *Service League Clinics Projects*, guided by Mrs. Francis M. Ingersoll, included seven areas of service in 1970: the Surgical-Gyn Area Information Desk, Admitting Area and General Hospitality, Medical Clinic, Amputation, Ambulatory Screening, Headstart and Medical Annex. Thirty-one volunteers worked a total of 2,027 hours. With 18,444 patients' questions answered by carefully trained Information Desk volunteers one can appreciate how much time is saved for the professional personnel in the Clinics. The value to a bewildered patient of an unhurried volunteer to serve him coffee, help him sort out his destinations or just give encouragement, cannot be measured in hours of service – it is the dimension which makes a big institution less impersonal.

Fifteen *Chapel Concerts* were given for patients in the '69-'70 season. The average attendance was 53 persons at each concert, about half the patients in wheelchairs. Two concerts especially for pediatric patients were given with about 30 children attending each concert. Twenty-seven volunteers gave 422 hours in escorting patients and returning them to their rooms. The Chapel Concerts chairman, Mrs. George Zinninger, spent many hours arranging the programs, and Mrs. Robert Joplin spent many hours also coordinating the volunteer effort. Five more volunteers helped this year than last year, and the average attendance increased by ten more at each concert.

The *White Corridor Information Desk* continued to function five days a week from 9:00 a.m. to 4:00 p.m. with nine faithful volunteers. In December the chairman, Mrs. Oliver Julin, began to staff another information desk in the Gray Lobby. The latter area is still relatively quiet but will undoubtedly become busier as the Gray Building entrance is used more.

In addition to our volunteer services in the hospital the Service League attempts an ambitious program for hospitality for our foreign visitors. The chairman is Mrs. Eldred D. Mundth. In the spring there is a picnic at Dr. and Mrs. Bradford Cannon's home in Lincoln to which Distaff families as well as our foreign visitors are invited. In

spite of inclement weather, the chairman, Mrs. John Grover reported that 100 people came to the picnic. During the summer the effort is directed towards young mothers with small children cooped up in the city. In July, Mrs. H.H. Nishino arranged three pool parties: Mrs. Hermes Grillo was hostess to 26 adults and children, Mrs. Benjamin Castleman entertained 31 adults and children, and Mrs. W. Gerald Austen was hostess for 30 adults and children. In August Mrs. Grant Rodkey arranged five trips to ocean beaches – 66 adults and 107 children enjoyed these trips. In September a luncheon was given for single international visitors at the home of Dr. and Mrs. John Raker in Concord. This was the tenth year that this kind of a party has been given – it is always a great success. About 60 guests and host couples attended. Mrs. Charles Weingarten was in charge of the effort at Thanksgiving time to see that every international visitor who would enjoy being in an American home for the Thanksgiving holiday was invited by a host family to his home. Twenty families were entertained. Probably the most significant entertaining we do is the informal offering of friendship on a personal level, and it seems probable that departments at the hospital are becoming more responsive to the need.

The *Coffee Shop* report appears elsewhere in the Annual Report as it is a joint undertaking of the Service League and Ladies Visiting Committee.

December, 1970, saw the closing down of Storrow House. The Service League with the support of the Ladies Visiting Committee had helped to establish a volunteer service there, with two Service League members as cochairmen – Mrs. John Irwin and Mrs. Bradford Cannon. In less than two years they had built up a service with 34 volunteers who contributed 2,600 hours in 1970, at the reception desk, serving tea, shopping, delivering mail, reading and writing letters, visiting patients, driving to the beauty parlor, managing a travelling store and caring for the library. It was with great regret that Mrs. Irwin and Mrs. Cannon reported the closing of Storrow House – it had filled a real need.

The Service League has three social occasions during the year. In February, Distaff Club and the Service League enjoyed an evening of ice-skating together at the Boston Skating Club. One hundred twenty-three people attended and enjoyed this relatively simple and inexpensive social occasion. Mrs. John Remensnyder capably managed this affair. Also in February the Service League had their annual mid-winter luncheon at the Boston 1800 restaurant. One hundred ninety-six people enjoyed a delicious luncheon, with torrential rain

and wind obscuring the famous view of Boston from historic Charlestown. Mrs. Laurence Robbins arranged this event, and the speaker was Dr. John Connolly from the MGH Bunker Hill Health Center.

The final social event was MGH Night at Pops. The Service League provides the chairman for this popular evening for the whole MGH family, the 1970 chairman being Mrs. Farahe Maloof. 1,186 tickets were sold. As this event has expanded, there has been a gradual accretion of funds. Administration has now placed $2,500 of this money in the Patients' Recreation Fund.

The annual meeting of the Service League was held in the Penthouse on May 5, 1970, with Mrs. H. Peter Mueller, President, presiding. Dr. John Stoeckle presented American Hospital Association service pins to 35 Service League members, 8 for 100 hours, 20 for 500 hours, and 7 for 1,000 hours of service. After election of officers, Dr. W. Gerald Austen spoke about cardiac surgery at the MGH.

Community meetings in the fall have become an established method of communication between the officers and the rest of our large membership. In 1970 nine community meetings were held, and 101 members attended. Our other vehicle for communication is the Service League Bulletin, published three times a year, under the editorship of Mrs. William Jones.

September, 1970, brought the inauguration of the Volunteer Services Committee, an umbrella organization serving to coordinate the efforts of the several volunteer organizations at the hospital. The Service League has enthusiastically endorsed this working committee, its coordinator, Mrs. George Blackman and chairman, Mrs. R. Morton Claflin. With volunteers in all services increasingly difficult to find and keep, this committee hopes to more efficiently use the volunteers now present in the hospital, build the role of the volunteer into a more significant contribution to the hospital, and draw volunteers from segments of the population not traditionally involved. We are getting a cross-fertilization between the Service League, the Ladies Visiting Committee, Distaff Club and the Volunteer Department. We believe the hospital will benefit.

MRS. ALEXANDER LEAF
President, Service League

REPORT OF THE COFFEE SHOP

The Coffee Shop has just completed its seventh year of operation under the joint sponsorship of the Ladies Visiting Committee and the MGH Service League.

The Coffee Shop is open five days a week from 10 a.m. until 8:30 p.m.; it is closed from 4 p.m. until 4:30 p.m. for cleaning purposes and preparation for the supper hours.

During the past year, the Coffee Shop has served 304,195 persons. The average daily customer load was 1,300 people. We are serving 100 to 200 more customers daily this year than last year. Since the Shop seats only 85 persons, and very rarely does one have to wait unduly long for seating, this fact speaks extremely well for the original plans and for those who executed them.

Higher raw food costs, increased hospital overhead, salary increases plus repair of tired equipment have resulted in greater expenditures this past year than in any previous year in the Coffee Shop's history. Since the Shop has no hope for expansion which could mean increased income, we have tried to meet these rising costs by raising prices on Coffee Shop items a bit. We have not raised prices above, or actually even equal to – for value given – comparable food services in the area. The service factor to patients, patients' families and visitors and hospital personnel is always present in our thinking.

Our salaried personnel staff numbers 23 persons. They all work very well together, with the volunteers and, on the whole, are more than considerate to our customers.

Volunteers have contributed 4,257 hours of service during this past year. In addition to the physical work involved on their part, we are most appreciative of the courtesy and helpfulness shown to many customers who need extra aid by these ladies – and a few gentlemen.

The Volunteer Department has been most cooperative in supplying extra volunteers in time of need, and particularly in directing summer student volunteers to the Coffee Shop. They have been of inestimable help.

Miss Louise Hatch, Mr. Henry Murphy and Mr. Joseph McCue continue to give us their full cooperation for which we are extremely grateful.

RUTH ROBBINS
Chairman, Coffee Shop

REPORT OF THE DISTAFF CLUB

The Distaff Club is composed of the wives of house officers and fellows as well as interested women house officers at the Massachusetts General Hospital. The Club has expanded greatly since its founding in 1949, and today the Distaff Side involves about 500 women. The aim of Distaff – "to integrate its members into a cohesive group for social and service activities" – is carried out each year by a variety of social and educational programs and volunteer projects.

This report, which includes the period from October 1, 1969 to October 1, 1970, covers the projects and activities of two executive boards. Officers are elected early in April of each year, and the new board assumes full responsibility by early May. The officers for 1969-1970 were: Mrs. R. Bruce Donoff, President; Mrs. Karl Benedict, Vice-President (Program Coordinator); Mrs. Lowell Goldsmith, Vice-President (Area Coordinator); Mrs. A. Michael Broennle, Secretary; Mrs. Ronald Weinstein, Treasurer; and Mrs. Robert Cihak, Directory Secretary. Elected officers for 1970-1971 were: Mrs. Sheldon Gottlieb, President; Mrs. Lawrence Burwell, Vice-President (Program Coordinator); Mrs. Jeffrey Rudnick, Vice-President (Area Coordinator); Mrs. A. Michael Broennle, Secretary; Mrs. Victor Levin, Treasurer; Mrs. Thomas Kilgore and Mrs. Lawrence Mills, Directory Secretaries.

Our annual Halloween and Valentine parties centered around the pediatric patients in Burnham, while the Christmas season found Distaff wrapping gifts for the hospital Christmas party. "Operation Green Dragon," undertaken in 1970, provided puppets for pediatric patients, and proved such a success that Distaff hopes to continue making the puppets as an annual project. A special service was provided by Distaff's Housing Chairman, Mrs. Jeffrey Rudnick. She was responsible for sending housing information to all incoming House Staff, as well as maintaining an up-to-date listing of available apartments and homes.

Meetings and social activities in the fall of 1969 included an informative evening on investments given by Bache and Company in Walcott House and "A Glamorous New You for the Holiday Season" which gave distaffers the opportunity to attend a beauty clinic at Elizabeth Arden's Studio on Newbury Street. Attendance at a Bruins hockey game was a special treat for many distaffers and their husbands in late November. Winter events were highlighted by a wine

and cheese tasting party in the hospital Penthouse, followed in February by an ice-skating party with the Service League at the Boston Skating Club. "Elegant Decorating on a Limited Budget" was the topic for Distaff's March meeting in Walcott House, while April found distaffers and their husbands attending "The Proposition" theatre party. Our annual spring luncheon and fashion show in May featured Alfred Fiandaca at 46 Beacon Street. The traditional MGH picnic in June at the home of Dr. and Mrs. Bradford Cannon was once again a delightful afternoon for distaffers and their families. Finally, Distaff assisted in arrangements for the MGH Night at the Pops, a very popular annual event.

A special effort is made in July to welcome newcomers to the hospital. A "Welcome Packet", filled with information about the MGH and practical suggestions for the newcomer to Boston, including Distaff's own booklet *Distaff Suggestions*, was prepared and distributed to each new arrival. The July Welcome Tea with Dr. and Mrs. John Knowles marked the official beginning of the Distaff Club's activities for 1970-1971. Summertime brought with it the opportunity to meet many new distaffers and their families while discovering the old and the new of Boston. This Get-Acquainted Program included area welcome teas, a rum-punch party at the home of Mr. and Mrs. Sewell Fessenden, several beach parties, a tour of historic Salem, private tours through both the Museums of Art and Science, trips to Benson's Animal Farm and the Children's Museum, and a day in the North End of Boston for shopping and sightseeing.

Dr. T. Berry Brazelton's talk on "Baby Power" was the occasion for the overwhelming turnout for our first general get-together in the fall of 1970. Mrs. Faxton's lecture, "Collecting Art on a Shoestring", and an evening describing "The Anatomy of a Cow" at Savenor's in Cambridge rounded out the fall programs. Area level activities, such as gourmet, bridge, and book groups, continue to complement the Club's general meetings.

The Distaff Directory, the Club's "Yellow Pages", was issued in September, and includes an up-to-date listing of approximately 500 distaffers and their husbands. *Distaff News*, the Club's newsletter, is published quarterly to keep members informed of all events and activities.

Financial support is provided by annual dues of $3.50. A charge of $1.00 is made for the Distaff Directory. As of January 1971, Distaff included approximately 190 dues paying members. Additional funds were raised through a bake sale held in the White Lobby of the Hospital in the fall. In addition, an annual spring bake sale enables

Distaff to contribute to the Hospital Therapeutic Recreation Fund for the purchase of needed equipment and supplies.

Individual distaffers have become more and more involved in volunteer work throughout the hospital. In providing the opportunity for its members to become better acquainted with each other, with Boston, and with the MGH, we hope that Distaff is contributing something of value to both its individual members and, as a volunteer organization, to the Massachusetts General Hospital.

MRS. SHELDON K. GOTTLIEB
President, Distaff Club

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The recipients will be members of the M.G.H. Staff and less than 40 years of age. Their research contributions leading to the award will have to be accomplished at the M.G.H. Each award will be for $1,000 and generally two individuals will be chosen yearly. The Committee on Dalton Scholar Awards will be appointed annually by the General Executive Committee. The Awards will be presented at the Corporation Dinner.

In addition, remaining monies in the Dalton Fund will be available for foreign travel for young M.G.H. staff members. A maximum of $2,500 will be awarded in any year. Travel funds will be awarded to an individual whose travel would result in significant educational benefit to the individual and to the Massachusetts General Hospital. The awards will be recommended by the G.E.C.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essay will no longer be required for this competitive prize.

In 1971 two prizes were awarded in the form of a lectureship at the Massachusetts General Hospital to Dr. Howard M. Temin, Professor of Oncology, McArdle Laboratories, University of Wisconsin, and to Dr. David Baltimore, Associate Professor of Microbiology, Massachusetts Institute of Technology.

The Warren Prize Lecturers, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

JOHN H. KNOWLES, M.D.
General Director

Forms of Legacies

A. An Unrestricted Legacy

"I give The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($) ."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts . . . . . ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of . . . . . and shall be known as the . . . . . Fund."

Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 31 Milk Street, Boston.

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1961	5,968,122.	1,701,771.	2,004,181.	4,301,078.	4,247,635.*	18,222,787.
1962	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.
1967	12,316,960.	3,209,278.	4,603,628.	10,153,245.	6,709,564.	36,992,675.
1968	14,113,649.	3,890,013.	5,624,700.	12,760,249.	10,348,079.	46,736,690.
1969	16,706,831.	4,377,801.	6,140,705.	15,137,966.	12,439,741.	54,803,044.
1970	18,838,791.	5,271,115.	6,678,492.	19,921,296.	14,675,363.	65,385,057.

TOTAL NET EARNINGS

1961	4,660,384.	1,032,484.	2,725,019.	5,204,960.	3,385,425.	17,008,272.
1962	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966	8,120,683	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.
1967	9,982,300.	2,518,774.	4,750,199.	11,804,230.	6,035,295.	35,090,798.
1968	12,358,792.	3,091,597.	5,654,924.	14,466,853.	9,245,841.	44,818,007.
1969	14,454,284.	3,554,365.	6,307,686.	17,030,299	11,517,879.	52,864,513.
1970	17,197,282.	3,952,509.	7,300,199.	21,810,177.	13,123,511.	63,383,678.

*Research Funds excluded.
**36 Beds Transferred from Private to Semi-Private.

MGH CLINICS*

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1961	11,996	206,395**	683	136,676
1962	12,336	204,583**	674	151,915
1963	11,736	201,415**	665	151,734
1964	11,762	205,991**	682	141,872
1965	13,498	210,304**	696	157,252
1966	14,218	212,607**	704	168,338
1967	14,504	226,207**	749	176,013
1968	15,846	237,792**	782	178,744
1969	15,958	236,194**	780	189,133
1970	10,090	180,066**	596	186,168

	Cost of Clinics	Aver. Cost per Visit in Clinics	Total Net Receipts	Aver. Net Receipts
1961	1,836,817	8.90	1,115,399	5.40
1962	2,108,132	10.30	1,265,340	6.18
1963	2,275,392	11.30	1,433,034	7.11
1964	2,419,666	11.75	1,504,526	7.30
1965	2,525,339	12.01	1,929,031	9.17
1966	3,151,428	14.82	2,327,922	10.95
1967	3,797,697	16.79	3,070,480	13.57
1968	4,550,018	19.13	3,802,362	15.99
1969	5,104,878	21.61	4,427,465	18.75
1970	5,271,115	29.27	3,952,509	21.95

EMERGENCY WARD

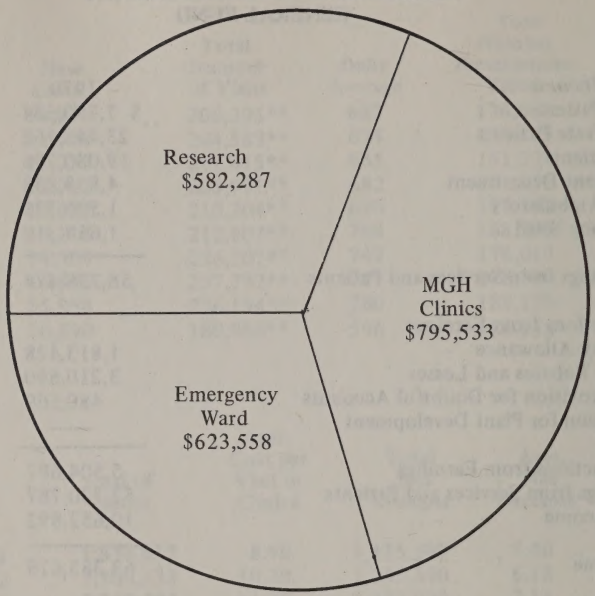
	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962	42,792	385,931	153,075	512,006	261,003
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499
1967	62,530	509,229	337,133	846,362	567,985
1968	66,176	782,766	335,263	1,118,030	688,450
1969	69,695	989,255	495,346	1,483,601	939,583
1970	74,558	1,560,050	638,357	2,198,407	1,162,371

* Until 1970, figures were for combined clinics of MGH and MEEI
** Includes Staff and Other – See page 202, 203.

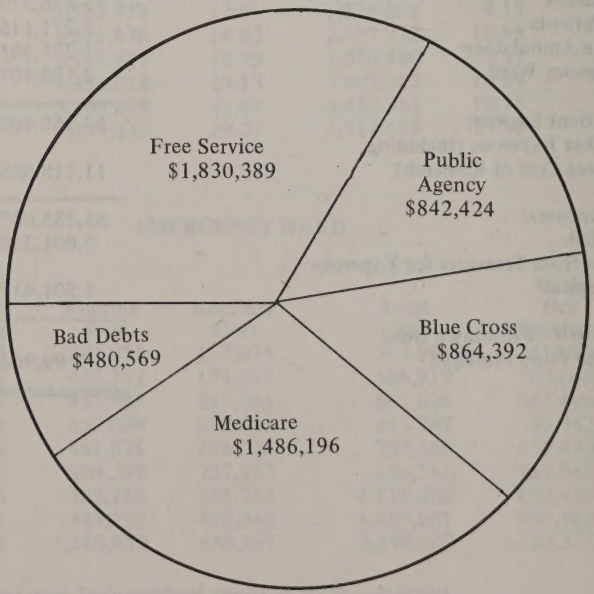
INCOME AND EXPENSE SUMMARY
GENERAL FUND

Operating Income	*1970*	*1969*
Private Patients	$ 7,750,634	$ 6,697,296
Semi-Private Patients	23,445,162	18,222,351
Ward Patients	19,030,786	16,417,960
Out-Patient Department	4,833,838	4,088,986
Private Ambulatory	1,520,735	1,375,926
Emergency Ward	1,654,319	1,409,497
Total Earnings from Services and Patients	58,235,474	48,212,016
Less Deductions from Earnings		
Charity Allowance	1,813,428	1,400,492
Other Rebates and Losses	3,210,690	2,746,496
Net Provision for Doubtful Accounts	480,569	485,764
Provision for Plant Development	——	237,280
Total Deductions from Earnings	5,504,687	4,870,032
Net Earnings from Services and Patients	52,730,787	43,341,984
Other Income	10,652,892	9,522,529
Total Income	63,383,679	52,864,513
Operating Expenses		
In Patients	45,438,579	37,985,502
Out Patients	5,271,115	4,102,612
Private Ambulatory	1,358,301	1,299,807
Emergency Ward	2,198,407	1,483,601
Total Patient Expense	54,266,402	44,871,522
Add: Other Expenses (Including Indirect Cost of Research)	11,118,655	9,931,522
Total Expenses	65,385,057	54,803,044
Net Deficit	2,001,378	1,938,531
Available from Treasurer for Expenses at Hospital	1,901,412	1,921,665
Final Deficit–Withdrawn from General Fund Principal	99,966	16,866

THE OPERATING LOSS DOLLAR*



DEDUCTIONS FROM EARNINGS



***After application of operating surplus from other hospital operations**

STATEMENT OF FUND EXPENDITURES

Research Fund Expenditures	*September 1970*		*Oct. 1, 1969-Sept. 30, 1970*	
Contract				
Salaries & Wages	$ 88,992.97		$ 981,963.93	
Supplies & Expenses	81,128.39	$ 170,121.36	1,352,253.04	$ 2,334,216.97
Gifts & Grants				
Salaries & Wages	$367,780.05		$ 4,639,458.70	
Supplies & Expenses	586,845.38		5,618,255.59	
	954,625.43	954,625.43	10,257,714.29	10,257,714.29
Miscellaneous Income	8,358.80		121,470.59	
Net Expense	$946,266.63		$10,136,243.70	
Training Grants				
Salaries & Wages	$164,213.44		$ 2,104,979.55	
Supplies & Expenses	30,108.33		572,160.38	
	$194,321.77	194,321.77	$ 2,677,139.93	2,677,139.93
Other Fund Expenditures				
Contract				
Salaries & Wages	$ 33,798.33		$ 390,769.66	
Supplies & Expenses	93,724.85	127,523.18	1,217,843.26	1,608,612.92
Other Special Purpose Funds				
Salaries & Wages	$ 63,047.96		989,958.26	
Supplies & Expenses	303,839.08		1,366,085.33	
	366,887.04	366,887.04	2,356,043.59	2,356,043.59
Miscellaneous Income	62,053.54		1,054,994.01	
Net Expense	$304,833.50		$ 1,301,049.58	
Total Fund Expenditures		$1,813,478.78		$19,233,727.70

STATEMENT OF STOCK ON HAND SEPTEMBER 30, 1970 AND SEPTEMBER 30, 1969

	Sept. 30 1970	*Sept. 30 1969*
General Hospital Apothecary Out-Patient Department Apothecary	$ 886,656.06	$ 655,351.99
General Hospital Upper Store	243,724.65	216,439.44
General Hospital Lower Store	38,973.07	24,432.45
General Hospital Maintenance	124,604.84	122,880.43
General Hospital Postage	7,307.54	2,546.67
General Hospital Print Shop	8,252.20	5,953.71
Other	387,393.16	383,351.72
Total Stock on Hand	$1,696,911.52	$1,410,956.19

SERVICE IN-PATIENT STATISTICS
For The Years 1961-1970

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1961	11,607	381	459	83	138,687	12–	7,613	784	6.75	68%
1962	13,598	408	465	78	148,424	11–	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11–	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12–	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13–	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12+	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12+	8,588	754	6.64	60%
1970	11,983	379	487	77.8	138,465	12–	8,858	702	5.85	50%

Total number of patients admitted to General Hospital from the year 1821 – 697,904.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
For The Years 1961-1970

1961	10,689	334	340	98.4	116,932	11+	5,459	369	3.45	69%
1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13–	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13–	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14+	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14+	6,716	570	5.05	61%
1970	11,966	455	416	109	166,170	14–	6,801	528	4.41	59%

Total number of patients admitted to Baker Memorial from the year 1930 – 310,709.

PRIVATE IN-PATIENT STATISTICS
For The Years 1961-1970

1961	3,803	118	159	74.1	42,429	11+	1,467	115	3.02	73%
1962	4,274	129	170	76	46,996	11–	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13–	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14–	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14+	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14+	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14+	1,716	166	4.09	65%
1970	4,335	153	174	87.9	55,903	13–	2,021	140	3.22	67%

Total number of patients admitted to Phillips House from the year 1917 – 190,447.

MGH CLINICS

CLINIC	ACTIVE TOTALS (Total Number of Visits) 1970	1969
Dermatology		
Dermatology	9,540	9,794
Skin L	1,475	1,798
Gynecology		
Gynecology	6,756	5,243
Infertility	470	383
Obstetrics	1,465	1,541
Medical		
Admitting Physician	2,664	6,406
Allergy	3,736	3,437
Ambulatory Screening Clinic	8,421	– –
Arthritis	1,396	1,290
Cardiac	2,382	2,309
Diabetes	1,229	1,069
Endocrine	596	491
Gastro-Intestinal	1,058	1,113
Hematology	720	684
Hypertension	462	443
Medical-Adult	21,878	21,690
Pulmonary	782	875
Pulmonary 2	402	294
Rehabilitation	353	258
Thyroid	6,395	2,898
Thyroid Metabolism	1,629	1,509
Neuromedical		
Language, Speech & Reading	7,156	7,115
Neuromedical	5,798	5,884
Neurosurgical	998	1,142
Parkinson's	434	373
Oral Surgical		
Oral Surgical	6,263	4,840
Orthopedic		
Amputation Clinic	603	728
Amputation Rounds	213	226
Fracture	4,879	4,609
Milwaukee Brace	36	47
Orthopedic	6,896	7,629
Podiatry	2,191	2,138
Pediatrics		
Children's Cardiac	301	244
Children's Medical	5,509	6,086
Children's Metabolic and Endocrine	621	512
Pediatric Allergy	671	1,027
Pediatric Dermatology	500	676

	1970	*1969*
Pediatric Neurology	1,068	1,020
Pediatric Neurosurgery	45	86
Pediatric Orthopedic	760	840
Pediatric Surgery	428	318
Pediatric Urology	341	383
Pedi-Genetics	49	9
Weight Control Unit	50	57
Well Child Clinics	418	339
Psychiatry		
Child Psychiatry	2,530	1,767
Psychiatry I*	7,818	11,088
Psychiatry II*	2,974	785
Psychiatry III*	11,898	7,701
Surgical		
Hand	207	185
Plastic	1,382	1,273
Surgical	1,811	1,959
Surgical Dispensary	7,627	6,974
Surgical Follow-up	4,210	4,425
Vascular	636	709
Tumor		
Tumor	7,073	7,407
Urology		
Urology	7,051	8,268
Miscellaneous		
Social Service	1,830	2,995
Nutrition	2,982	3,174
M.G.H. Clinics Total	180,066	168,564

*Psychiatry I was formerly the Acute Psychiatric Service, Psychiatry II was formerly Alcoholism Clinic, and Psychiatry III, Adult Psychiatry.

RADIOLOGICAL DEPARTMENT

GENERAL HOSPITAL

	1970	*1969*
House Patients Examined	25,745	26,162
Out Patient Department Patients Examined	18,372	18,426
Emergency Ward Patients Examined	511	807
Staff and Other	5,264	5,121
Total Number of Patients Examined	49,892	50,516
X-ray treatments given (Inc. Baker and Phillips House)	+ 36,887	* 38,043
Number of Examinations	63,421	65,241
Total Number of Examinations and Treatments	100,308	103,284

EMERGENCY WARD UNIT

Emergency Ward Patients Examined	33,244	30,379
House Patients Examined	11,670	10,102
Staff and Other	403	202
Total number of Patients Examined	45,317	40,683
Number of Examinations	68,836	60,850
Total Number of Examinations	68,836	60,850

PHILLIPS HOUSE

House Patients Examined	6,632	6,617
Total number of Patients Examined	6,632	6,617
Number of Examinations	9,861	9,851
Total Number of Examinations	9,861	9,851

BAKER MEMORIAL

House Patients Examined	38,673	36,007
Total Number of Patients Examined	38,673	36,007
Number of Examinations	54,109	49,115
Total Number of Examinations	54,109	49,115

ENTIRE HOSPITAL (COMBINED STATISTICS)

Total number Patients Examined	140,514	133,823
Total number Patients Treated	1,967	2,055
Total number Patients Examined and Treated	142,481	135,878
Total number Examinations	196,227	185,057
Total number Treatments and Observations	36,887	38,043
Total number Radium & Isotopes Treatments	182	173
Total number Examinations, Treatments, and Observations, Radium & Isotopes	233,296	223,273

* Includes 173 Radium and Isotopes Cases
\+ Includes 182 Radium and Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

PHYSICAL THERAPY

	1970	*1969*
Treatments given:		
Out-Patient	5,189	5,064
General Hospital (Including Eye and Ear Infirmary)	24,359	13,584
Phillips House	2,468	2,953
Baker Memorial	9,706	8,884
Private Ambulatory Patients	7,566	8,288
Total Treatments given	49,288	38,773

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1970, approved by Alexander Grant & Company auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED BALANCE SHEET

	1970	1969
ASSETS		
Cash	$ 1,817,818	$ 2,045,347
Investments		
Bonds	22,489,351	21,064,774
Stocks	35,561,312	34,412,381
Notes and Commercial Paper	4,485,883	4,459,407
Real Estate	15,000	197,152
Accounts Receivable (Less Reserve for Doubtful Accounts)	19,096,621	14,673,945
Notes Receivable	310,709	358,150
Inventories of Supplies	1,788,928	1,503,232
Prepaid Items	365,909	350,401
Plant – Less Depreciation Reserve	55,326,254	33,233,771
Construction in Progress	3,402,108	21,355,901
TOTAL	$144,659,893	$133,654,461
LIABILITIES		
Notes Payable	$ 5,500,000	$ 3,100,000
Accounts Payable and Accruals	6,650,805	4,149,077
Mortgage Note Payable	75,198	–0–
Unearned Tuition Income	304,711	228,120
Pension Reserves	2,470,524	1,580,879
W.C.A. Reserves	424,602	395,337
Life Insurance Reserves	8,346	–0–
General Fund:		
Treasurer's Account	(3,105,237)	(2,284,642)
Director's Account	13,388,680	11,559,935
General Hospital Endowment Funds:		
Unrestricted	5,944,964	5,941,866
Restricted	21,230,896	21,043,045
McLean Hospital Funds		
General Fund		
Treasurer's Account	(2,105,728)	(972,115)
Director's Account	1,894,900	1,315,431
Endowment Funds	853,758	849,537
Building Funds	2,114,507	20,168,581
Fiduciary Funds	1,661,311	1,504,895
Temporary Funds:		
General Hospital	4,046,866	4,282,270
McLean Hospital	172,289	109,204
Fiduciary	37,330	34,513
Funds Invested in Plant	55,326,254	33,233,771
Undistributed Security Gains	27,764,917	27,414,757
TOTAL	$144,659,893	$133,654,461

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1970	1969
Treasurer's Receipts		
Gifts		
Unrestricted*	$ 132,724	$ 163,000
Restricted	12,704,703	11,716,853
	12,837,427	11,879,853
Income from Investments		
Unrestricted	527,360	493,868
Restricted	1,697,447	1,703,993
	2,224,807	2,197,861
Other Income		
From Trusts and Agents	15,468	15,890
Contributions for Connecting Building	11,109	11,109
Huntington Memorial Hospital	43,782	42,286
Miscellaneous Receipts	590,785	635,378
	661,144	704,663
TOTAL	15,723,378	14,782,377
Restricted Income not Applied (Applied)	(235,404)	580,592
	15,958,782	14,201,785
Payments from Income		
Treasurer's Payments		
Income Transferred to Principal	7,562	56,594
Other Transfers to Principal	(91,305)	121,082
Payments Under Terms of Gifts	26,681	35,597
	(57,062)	213,273
Excess Available for Expenses	16,015,844	13,988,512
Expended		
For Restricted Purposes	14,114,432	12,066,848
For Unrestricted Purposes	2,001,378	1,938,530
	16,115,810	14,005,378
DEFICIT	$ (99,966)	$ (16,866)

*United Community Services allocation of $132,595 and $162,975 respectively included.

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1970	1969
Treasurer's Receipts		
Gifts		
Unrestricted*	$ 23,179	$ 25,005
Restricted	1,124,500	981,967
	1,147,675	1,006,972
Income from Investments		
Unrestricted	16,993	17,144
Restricted	66,209	66,492
	83,202	83,636
Other Income		
From Trusts and Agents	7,770	7,680
Miscellaneous Receipts	6,509	12,809
	14,279	20,489
TOTAL	1,245,160	1,111,097
Restricted Income Applied	63,085	14,968
	1,182,075	1,096,129
Payments from Income		
Treasurer's Payments		
Income transferred to principal	6,238	6,050
Other transfers to principal	–0–	104
	6,238	6,154
	1,175,837	1,089,975
Excess Available for Expenses		
For Restricted Purposes	1,072,778	991,631
For Unrestricted Purposes	301,651	77,676
	1,374,429	1,069,307
(Loss subtracted from) Gain Added to General Fund Principal	$ (198,592)	$ 20,668

*United Community Services allocation of $23,179 and $24,930 respectively included.

GENERAL HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
FOR ANY HOSPITAL PURPOSE	$(3,105,237)

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$ 10,000
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,459
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	26,205
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	78,241
HENRY K. BEECHER RESEARCH FUND Income to be used for Anesthesia Research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	168,013
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147
JOHN ASHTON FUND For diseased and wounded soldiers.	50,625
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	504,825

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	$10,164
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,064
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	58,500
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Services.	8,601
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000
THE EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	87,140
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	51,505
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	1,010

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	$ 10,000
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	350,489
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,791
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	92,115
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	16,300
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for Connecting Building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	(7,942)

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	$245,170
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,520
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation $55,914 Disabled Ex-Servicemen's Exchange, Inc. 10,250	66,164
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	4,639

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	$ 20,214
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,399
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only—preferably for West End children.	2,282
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	80,000
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,520
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	4,663,954
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,596

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WILLIAM STEPHEN GEPHART MEMORIAL FUND Income for the use of the Committee on Teaching and Education.	$ 4,957
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principle may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
THE WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	5,308,846
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	58,967
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	6,033

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	$ 25,000
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
THE MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190
THE CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	$ 30,150
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons particularly the young who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies Visiting Committee.	6,189
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
THE MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	62,030
THE MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	84,253
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,321

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	$50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	8,880
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C.R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,190

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation– *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	$ 21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PEIRSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery–." Gifts of Dr. Richardson's Sons in Memory of their Father.	15,000
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	32,173
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	10,381
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children". Bequest of Philip L. Saltonstall.	$ 5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,042,816
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	38,245
THE CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus Income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of Books on research, periodicals, reports or publications, etc.	1,670
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	2,500
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
SOCIAL SERVICE FUND Income for Social Service.	131,015
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	3,811
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	$ 50,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,152
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department.	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	4,328
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	40,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
*VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	1,110
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,000

* Transferred from Temporary Funds to Endowment Funds 4/28/71. Included in Temporary Fund total of this 9/30/70 report.

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	$ 5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,816
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	100,000
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,466
GEORGE WIGGLESWORTH FUND Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	61,787
WOODEN LEG FUND Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600
TOTAL ENDOWMENT FUNDS (PRINCIPAL)	$26,626,629
TOTAL TEMPORARY FUNDS	4,046,866
	$30,673,495

GENERAL HOSPITAL FUNDS (Continued)

FIDUCIARY FUNDS

	PRINCIPAL
DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	$ 555,030
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	6,530
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall decend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	$ 15,000
THE GEBBIE FUND Income to be added to principal for 10 years.	505,874
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee, for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	14,330
FANNIE NEWELL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000

GENERAL HOSPITAL FIDUCIARY FUNDS (Continued)

	PRINCIPAL
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	368,407
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000
SUSPENSE AND SPECIAL FUNDS	38,705
TOTAL FIDUCIARY FUNDS – PRINCIPAL	1,544,141
TEMPORARY FUNDS (INCOME)	37,330
TOTAL GENERAL HOSPITAL FIDUCIARY FUNDS	1,581,471

BUILDING FUNDS

GENERAL HOSPITAL

CANCER AND RADIATION THERAPY CENTER	$1,340,028
CHILDREN'S DEPARTMENT CONSTRUCTION	245,550
CLINICS BUILDING FUNDS	219,532
GRAY BUILDING FUNDS	(5,481,018)
MISCELLANEOUS BUILDING FUNDS	5,565,933
TOTAL GENERAL HOSPITAL FUNDS	1,890,025

McLEAN HOSPITAL

CHILDREN'S CENTER	163,045
MISCELLANEOUS BUILDING FUNDS	61,437
TOTAL McLEAN HOSPITAL BUILDING FUNDS	224,482
TOTAL BUILDING FUNDS	$2,114,507

McLEAN HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
For any Hospital purpose	$(2,105,729

ENDOWMENT FUNDS

EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	5,561
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	$356,187
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	4,154
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,284
TOTAL ENDOWMENT FUNDS	705,725

FIDUCIARY FUNDS

MARION WETHERILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbot	147,892
TOTAL McLEAN PRINCIPAL FUNDS (except Building)	(1,252,112)
McLEAN TEMPORARY FUNDS	172,289
TOTAL GENERAL HOSPITAL FIDUCIARY FUNDS	(1,079,823)

SUMMARY OF ALL FUNDS OF THE MASSACHUSETTS GENERAL HOSPITAL

PRINCIPAL FUNDS	$ 42,421,845
TEMPORARY FUNDS	4,256,485
FUNDS INVESTED IN PLANT	55,326,254
DIRECTOR'S ACCOUNTS	(1,210,337)
	100,794,247
GAIN	666,542
FUNDS	$101,460,789

Examination of Accounts

ALEXANDER GRANT & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
10 POST OFFICE SQUARE
BOSTON, MASSACHUSETTS 02109

January 15, 1971

Board of Trustees
The Massachusetts General Hospital

We have examined the balance sheet of THE MASSACHUSETTS GENERAL HOSPITAL (a Massachusetts corporation, not for profit) as of September 30, 1970, and the related statements of operations and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, except for the Hospital's accounting for pension costs, which is not in conformity with Opinion 8 of the Accounting Principles Board, as described in Note C, the accompanying balance sheet and related statements of operations and changes in fund balances present fairly the financial position of The Massachusetts General Hospital at September 30, 1970, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Alexander Grant & Company

Gifts and Bequests 1969 – 1970

GENERAL HOSPITAL FUNDS

GENERAL FUND

FOR ANY HOSPITAL PURPOSE			
Bequests		$980,576.93	
Gifts		62,088.18	$1,042,665.11

ENDOWMENT FUNDS

FULLER ALBRIGHT FELLOWSHIP FUND			
Gifts		$ 175.00	
ARTHUR W. ALLEN RESIDENTS' TEACHING FUND			
Gifts		6,040.00	
BAKER MEMORIAL FUND			
Bequest of Henry M. Luscomb		400,000.00	
JOSEPH S. BARR MEMORIAL FUND			
Bequest of George W. Van Gorder, M.D.	$ 1,000.00		
In memory of Alma Wells Levinson	10,000.00		
Gifts	50.00	11,050.00	
EDWARD F. BLAND FUND			
Gifts		750.00	
RICHARD C. CABOT FUND			
Gifts		600.00	
CANCER RESEARCH ENDOWMENT FUND			
In memory of Agnes H. McLaughlin	88.31		
In memory of J. Lothrop Motley	473.50	561.81	
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND			
Gifts		7,750.00	
THE WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND			
Gift		18,814.97	
WALTER J. DODD MEMORIAL FUND			
Gift		25.00	
NANCY FRASER MEMORIAL FUND			
Gifts		315.00	

GIFTS AND BEQUESTS (Continued)

GENERAL SURGERY ENDOWMENT FUND			
Gift		500.00	
WILLIAM STEPHEN GEPHART MEMORIAL FUND			
Gift		10.00	
INCOME UNRESTRICTED FUNDS			
Bequest of Maud E. Appleton	$ 375.83		
Bequest of Maurice Klous	2,160.00	2,535.83	
CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND			
Gifts		550.00	
THE PHILIP C. JOSLIN MEMORIAL FUND			
Gifts		50.00	
THE VARAZTED H. KAZANJIAN FUND			
Gift		7,500.00	
THE MITTON FUND			
Gifts		600.00	
THE MIXTER FUND			
Gifts		675.00	
JOHN FYFFE RICHARDSON MEMORIAL FUND			
In memory of Ethel Dewing	20.00		
In memory of Dr. Henry Sills	10.00	30.00	
THE MARIAN MAHIN ROBB MEMORIAL FUND			
Gift		2,200.00	
SCHOOL OF NURSING SCHOLARSHIP FUND			
In memory of Sally Johnson	370.00		
In memory of Ada McCormack	15.00		
In memory of Harriet E. Merriam	1,618.00		
In memory of Sara E. Parsons	150.00		
In memory of Elizabeth R. Thompson	5.00		
Gifts	1,145.25	3,303.25	
TERRY SHUMAN MEMORIAL FUND			
Gift		50.00	
ELSIE SKOLNICK MEMORIAL FUND			
Gift		2,500.00	
UNRESTRICTED FREE BED FUNDS			
Bequest of Harry Clayton Beaman	18,581.06		
Bequest of Elbridge G. Cutler	10,000.00		
Bequest of Harry L. Rogal	4,200.00		
Bequest of Alice M. Wentworth	2,000.00		
Gift	100.00	34,881.06	
GEORGE ROBERT WHITE FUND			
Gift		2.00	$501,468.92

GIFTS AND BEQUESTS (Continued)

BUILDING FUNDS

GENERAL HOSPITAL

GRAY BUILDING FUNDS		
Gifts	$ 174,673.16	
CANCER AND RADIATION THERAPY CENTER		
Gifts	1,818,219.81	
MISCELLANEOUS BUILDING FUNDS		
Gifts	38,915.00	$2,031,807.97

McLEAN HOSPITAL

CHILDREN'S CENTER		
Gifts	$ 122,720.18	
HALF-WAY HOUSE		
Gifts	34,019.38	$ 156,739.56
TOTAL BUILDING FUNDS		$2,188,547.53

FIDUCIARY FUNDS

GENERAL HOSPITAL

GEBBIE FUND		
Gift	85,000.00	
MARION LEE LAWRENCE MEMORIAL FUND		
In Memory of Mr. James Lawrence	180.00	85,180.00

McLEAN HOSPITAL GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	$ 9,838.04	
Gifts	50,568.00	$60,406.04
TOTAL PRINCIPAL FUNDS		$3,878,267.60

GIFTS AND BEQUESTS (Continued)

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

ANNUAL FREE BEDS FUND			$ 100.00
Gift			
CURRENT EXPENSE FUND			
Bequest of Caroline E. Chickering	$ 15,375.58		
Bequest of James O. Graves	92.55		
Gifts	129.00		
United Community Services	132,595.00	148,192.13	
MISCELLANEOUS TREASURER'S FUNDS		23,986.52	
			$ 172,278.65

FUNDS FOR SPECIAL PURPOSES

Bequests		3,971.67	
Gifts		1,284,945.55	
Grants – Government	10,652,973.34		
Foundations	738,361,72	11,391,335.06	12,680,252.28
			12,852,530.93

McLEAN HOSPITAL FUNDS

TREASURER'S FUNDS

CURRENT EXPENSE FUND			
United Community Services			23,179.00

FUNDS FOR SPECIAL PURPOSES

Bequest		7,770.00	
Gifts		100,339.66	
Grants – Government	1,020,290.00		
Foundations	3,870.00	1,024,160.00	1,132,269.66
			1,155,448.66
TOTAL INCOME FUNDS			$14,007,979.59

SUMMARY OF ALL GIFTS AND BEQUESTS

TOTAL PRINCIPAL FUNDS	$ 3,878,267.60	
TOTAL INCOME FUNDS	14,007,979.59	
TOTAL GIFTS AND BEQUESTS		$17,886,247.19

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-second

Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1970

Belmont: Massachusetts

Massachusetts General Hospital
McLean Hospital

OFFICERS OF THE INSTITUTION, 1971

Honorary President
Phillips Ketchum

President
Francis C. Gray

Vice-President
Henry R. Guild

Treasurer
G. Lamar Crittenden

Secretary
Henry R. Guild, Jr.

Trustees

1947 John E. Lawrence, *Chairman,* 177 Milk Street
1943 Lloyd D. Brace, 45 Milk Street
1947 *Francis O. Schmitt, Ph.D., Neurosciences Research Program, 280 Newton Street, Brookline
1955 Philip H. Theopold, 294 Washington Street
1958 *Sidney R. Rabb, 393 D Street, South Boston
1962 Francis H. Burr, 225 Franklin Street
1963 George Putnam, 265 Franklin Street
1965 *Edward L. Bigelow, 225 Franklin Street
1967 *Joseph L. Tauro, Jr., 1 Plaza Center
1968 G. Lamar Crittenden, 67 Milk Street
1969 Nelson Darling, Jr., 24 Federal Street
1969 W. Nicholas Thorndike, 28 State Street

Honorary Trustees

1962 Francis W. Hatch, 2300 Prudential Center
1963 Phillips Ketchum, 294 Washington Street
1968 Francis C. Gray, 10 Post Office Square
1968 Ralph Lowell, 100 Franklin Street
1969 Henry R. Guild, 294 Washington Street

McLEAN HOSPITAL COMMITTEE

George Putnam, *Chairman*

Ralph Lowell Francis O. Schmitt, Ph.D. Sidney R. Rabb
Francis de Marneffe, M.D., *Secretary*

*Appointed by the Governor of the Commonwealth

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL

OTHER MEMBERS OF THE CORPORATION

Mrs. Frank G. Allen
Mrs. Charles Almy
John S. Ames
Robert Amory, Jr.
O. Kelley Anderson
Alfred W. Baldwin
G. Storer Baldwin
Mrs. James T. Baldwin
Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway
Mrs. Charles C. Cabot
Thomas D. Cabot
Bushrod H. Campbell
John P. Chase
Theodore Chase
Frederic C. Church
Mrs. R. Morton Claflin
William H. Claflin
Mrs. A. Werk Cook
Charles E. Cotting
Mrs. William C. Cox
Charles C. Cunningham, Jr.
Mrs. Richard E. Danielson
William R. Driver, Jr.
Miss Betty Dumaine
Robert R. Duncan
Charles J. Dunn
William Ehrlich
Nathaniel W. Faxon, M.D.
Sewall H. Fessenden
Mrs. Gardiner H. Fiske
Mrs. Francis C. Gray
Morris Gray
Edward B. Hanify
Mrs. Robert Homans
Gilbert H. Hood, Jr.
Harvey P. Hood
Arnold W. Hunnewell
Donald J. Hurley
Edward C. Johnson, 3rd
William T. Kemble
Mrs. Wheaton Kittredge
Miss Aimee Lamb
Henry A. Laughlin
Franklin A. Lindsay
Alfred L. Loomis
Joseph W. Lund
Charles E. Merrill
John H. Meyer
James Jackson Minot
George Olmstead, Jr.
James H. Orr
Miss Amelia Peabody
Mrs. Sumner Pingree
William M. Rand
Miss Anna P. Revere
Irving E. Rogers
Samuel S. Rogers
Rt. Rev. Henry K. Sherrill
Raymond S. Stevens
John O. Stubbs
Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello
John B. Vernaglia, M.D.
F. Frank Vorenberg
Edward A. Weeks, Jr.
George S. Weld

ADMINISTRATION

Director
Francis deMarneffe, M.D.

Administrator
Henry J. Langevin, M.S. in Psych. Nurs., M.S.H.A., F.A.C.H.A.

Assistant Administrators
David B. Balise, R.N., B.S., M.P.H.
Willa F. Pasho, B.S.

Executive Assistant
Catherine R. Conroy

DIRECTORS OF DEPARTMENTS

Accounting
Thomas J. Burley, Comptroller

Activity Therapies
James A. Garland, M.S. in S.S.

Building Service
James C. Shuttle

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S. in Ed., A.D.A.

Laundry
Arnold O. Tompkins

Medical Records
Charlotte Lauritano, B.S.

Nursing
Mildred C. Makin, R.N., B.S. in N. Ed., Ed. M.

Patient Education
John F. Dunn, M.A.

Personnel
David W. Bohy

Pharmacy
George R. Zager, Reg.Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Frederick W. McDonald, B.A.

Purchasing
Alexander Armour

Social Science
Richard H. Longabaugh, Ed.D.

Social Work
Golda Edinburg, M.S. in S.S.

Volunteers
Anne K. Fallon, B.A.

MCLEAN HOSPITAL STAFF AS OF FEBRUARY 1, 1971

Consulting Staff
Mark D. Altschule, M.D.
Erich Lindemann, M.D.
Harry C. Solomon, M.D.
Paul D. White, M.D.

MEDICAL STAFF

Director
Francis de Marneffe, M.D.

Psychiatrist in Chief
* Alfred H. Stanton, M.D.

Director of Clinical Psychiatry
Stanley H. Eldred, M.D.

Associate Director of Clinical Psychiatry
Paul M. Howard, M.D.

Psychiatrists
Edward M. Daniels, M.D.
Leon Eisenberg, M.D.

Attending Psychiatrists
Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
William F. Murphy, M.D.
Norman E. Zinberg, M.D.

Associate Psychiatrists
Arthur J. Cain, M.D.
Enid Caldwell, M.D.
Howard T. Hermann, M.D.
Richmond Holder, M.D.
Phillip Isenberg, M.D.
Irene Jakab, M.D.
Maria Lorenz, M.D.
Harvey M. Shein, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists
David Blau, M.D.
Jo Anne Fineman, M.D.
Peter B. Jenney, M.D.
Davide Limentani, M.D.
Alan A. Stone, M.D.

Assistant Psychiatrists
Richard H. Bendt, M.D.
Jane M. Berman, M.D.
Irving D. Bornstein, M.D.
David Browne, M.D.
Richard D. Budson, M.D.
Corbett Campbell, M.D.
Paul R. Dinsmore, M.D.
Robert Hopkins, M.D.
Philip Kelleher, M.D.
Robert Leff, M.D.
Jalna Ann Perry, M.D.
Phelps M. Robinson, M.D.
Richard Sens, M.D.
Lawrence A. Stone, M.D.
Paul Torop, M.D.
Bernard S. Yudowitz, M.D.

*Sabbatical

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Jane Bain, M.D.
Ruth Tiffany Barnhouse, M.D.
Lloyd M. Caplan, M.D.
Franklin Carter, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Peter T. Choras, M.D.
Maurice C. Cion, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Edwin M. Davidson, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Leonard J. Freidman, M.D.
Max Geller, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Eda M. Kahana, M.D.
Melvin M. Kayce, M.D.
Arnold M. Kerzner, M.D.
George B. Lawson, M.D.
Zenos M. Linnell, M.D.
John B. Livingston, M.D.
Nancy J. McDonnell, M.D.
Edward Meshorer, M.D.
Martin A. Miller, M.D.
Egbert H. Mueller, M.D.
Donald Ottinstein, M.D.
Robert D. Patterson, M.D.
John K. Pearce, Jr., M.D.
Michael D. Robbins, M.D.
Alexandra Rolde, M.D.
Arnold Sheinis, M.D.
Daniel Shaw, M.D.
Michael Sperber, M.D.
John B. Spillane, M.D.
Larry H. Strasberger, M.D.
William D. Temby, M.D.
Robert H. Trivus, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederick E. Whiskin, M.D.
Harold L. Williams, M.D.
Edward L. Zarsky, M.D.

**Clinical Fellows in Psychiatry*

Steve G. Agular, M.D.
Brian Bouton, M.D.
Alan N. Marks, M.D.
Jason E. Mondale, M.D.
Barry D. Proner, M.D.

Resident Psychiatrists

Donald M. Allen, M.D.
Daniel P. Asnes, M.D.
John H. Brandt, M.D.
Rona E. Bornstein, M.D.
Mary H. Collins, M.D.
Michael D. Daniels, M.D.
Perrin L. French, M.D.
Barbara A. Groome, M.D.
Todd F. Holzman, M.D.
Christopher R. Hopps, M.D.
John S. Holland, M.D.
Carolyn Ise, M.D.
Johannes Kulka, M.D.
Mark W. Mahnke, M.D.
J. Wayne Mathews, M.D.
Aaron W. Menzin, M.D.
Charles R. Middleton, M.D.
John M. Mols, M.D.
Lloyd F. Price, M.D.
Ralph S. Ryback, M.D.
Lucy Salomon, M.D.
Edward S. Schwartzreich, M.D.
Walker E. Shields, III, M.D.
Morris Stambler, M.D.
Alfredo T. Suescum, M.D.
Roland H. Ungerer, M.D.
Robert Weinstock, M.D.
Judith A. Yanof, M.D.

DEPARTMENT OF MEDICINE

Coordinator
Lloyd G. Potter, M.D.

*Through June 30, 1971

Clinical Assistants in Medicine

Robert D. Busiek, M.D.
Willem Linscheer, M.D.
Leslie Lipworth, M.D.
Samuel Shapiro, M.D.

Assistant Neurologist
Larry J. Embree, M.D.

Consultant in Electroencephalography
John A. Abbott, M.D.

Assistant Dental Surgeon
Robert J. Gordon, D.D.S.

Radiology
Associate Radiologist
Henry P. Pendergrass, M.D.

DEPARTMENT OF ACCOUNTING

Comptroller
Thomas J. Burley

Assistants to the Comptroller
Gary A. Alexandrato
Francis X. Norton

DEPARTMENT OF ACTIVITY THERAPIES

Director
James A. Garland, M.S. in S.S.

Occupational Therapy
Supervisor
Iris Carroll, B.A., O.T.R.

Therapists

Pamela Arrand, B.S., O.T.R.
Nicholas Browning, B.A.
Doreen Hartley
Branislav A. Kevich, A.B.
Frances Palmer, B.S., O.T.R.

Patient's Librarian
David McDowell, A.B.

Recreational and Music Therapy
Supervisor
Jane Ann Schoonmaker, M.S.

Recreational Therapists
Shirlee Borell, B.A.
Janice MacGregor, M.S.

Music Therapists
Rachel A. Farmer, M.T.R., B.S.
Linda Kiser, A.B.

Creative Arts

Supervisor
Helga Haendel

Therapist
Martha Lankford, A.B.

Rehabilitation Counseling

Supervisor
Thomas F. Higgins, M.S.

Counselors
Roger Abdell, Ed.M.
Richard Friswell, Ed.M.
Janet Voelker, M.Ed.

Group Worker
Nancy Annis, A.B.

Psychomotor Therapists
Albert Pesso, B.A.
Michael Werle, D.Ed.

DEPARTMENT OF DEVELOPMENT

Director
Winston R. Johnson, M.A.

DEPARTMENT OF NURSING

Director of Nursing
Mildred C. Makin, R.N., B.S. in Nsg.Ed., Ed.M.

Assistant Director for Nursing Administration
James Paul Walsh, R.N., B.B.A.

Administrative Assistants for Nursing
Vera K. Dunkley, R.N.
Rose M. Hobson, R.N., B.S.
Mary Fuller, R.N.
Audrey S. Hurley, R.N.
Virginia E. Ladd, R.N.
John P. Pitcherale, R.N., B.S. in N.Ed. M.S.N.

Clinical Nursing Supervisors
Diane Bosse, R.N.
Joan Clasby, R.N., B.S.
Marguerite A. Conrad, R.N.
Gerald Ellsworth, R.N., B.S.
Marilyn E. Fitzgerald, R.N., M.S., B.S.
Carolyn Goodwin, R.N.
Mary McIntire, R.N., B.S.N.
Verne Moberly, R.N.

Head Nurse, Day Care
Audrey A. Mosher, R.N.

Head Nurse, Staff Clinic
Linda Rowe, R.N.

Coordinator of Training in Nursing Process
LaVonne E. Davidson, R.N., B.S. in N.Ed., M.S.N.

Instructor in Nursing Education
Wilmah Berkey, R.N., B.A.

Assistant Instructor in Nursing Education
Joanne Brody, R.N.

Consultant in Nursing Education and Research
Ida J. Pelletier, R.N., B.S. in Pub. Health, M.A.

Director Emerita, School of Nursing and Nursing Education
Margaret C. Tibbetts, R.N., B.S. in N.Ed.

DEPARTMENT OF PATIENT EDUCATION

Director, Patient Education
Headmaster, Arlington School
John F. Dunn, M.A.

Deans
John Bowdoin, B.S. Kenneth R. McElheny, M.A.
Louise Stokes, M.A.

Instructors in English
Gail Fuhrer, M.A.T. Edward Morgan, B.A.
Patricia Neuman, M.A.

Instructors in Mathematics
Jeremiah McCarthy, B.A. Linda Palmiter, B.A.

Instructor in French
Jean Abner Genece, B.A.

Instructor in Spanish
Yves Nau, B.A.

Instructor in Biology and Chemistry
Jamie German, M.A.T.

Instructors in History
James Jenkins, B.A., M.A. Detleu Suderow, B.A.

Instructor in Media, Creative Writing and Dramatic Literature
William Redpath, B.A.

Instructor in Art
Helga Haendel

Librarian
Linda Roscoe, A.B.

Curriculum Resource Specialist
Caroline Schwarz, B.A.

Research Associate in Education
William C. Kvaraceus, Ed.D.

Associate Psychologist
Helen J. Kenney, Ed.D.

DEPARTMENT OF PERSONNEL

Director
David W. Bohy

Personnel Representatives
Benjamin Chadwick, B.D., B.A.
Henry Hatch B.A.

Compensation Coordinator
Edward G. Flynn

DEPARTMENT OF PHARMACY

Director
George R. Zager, Reg.Ph., M.S.

Assistant Chief Pharmacist
Robert Connell, Reg.Ph., B.S.

DEPARTMENT OF PLANT AND OPERATIONS

Director
John B. Larson, B.S.

Assistant Chief
John J. Blanchard

General Foreman
Donald E. Megliola

Foreman, Public Works
Donald Petrino

Architectural Designer
Richard J. Whitworth

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist
Irene Pierce Stiver, Ph.D.

Associate Psychologists
Richard J. Bonier, Ph.D.
David J. Ingle, Ph.D.
(Neurophysiology Laboratory)
Helen J. Kenney, Ed.D.
(Department of Education)
Brendan A. Mahar, Ph.D.
*Norbett L. Mintz, Ph.D.
Robert D. Schnitzer, Ph.D.
Ralph G. Semon, Ph.D.

Assistant Psychologist
Sophie B. Mintz, Ph.D.

Fellow
Virginia Senders, Ph.D.

Interns
Gerald L. Borofsky, M.S.
Mary Jo Camillus, M.S.
Robert Jampel, B.A.
Bernard Mimno, M.A.
Gary A. Taylor, A.B.
Marsha Vannicelli, Ph.D.

DEPARTMENT OF PUBLIC RELATIONS

Director
Frederick W. McDonald, B.A.

Public Relations Representative
Clara Freeman Forbis, M.B.A.

Public Relations Assistant
Teresa V. Cryan, B.A.

Communications Service Unit
Supervisor
George Rudolph

DEPARTMENT OF PURCHASING

Director
Alexander Armour

Assistant Purchasing Agent
Edward M. Mulligan

RESEARCH DEPARTMENT

Director of Scientific Research
Jordi Folch-Pi, M.D.

*On Leave of Absence

Neuropathologist
Alfred Pope, M.D.

Associate Biochemists
Joseph Eichberg, Jr., Ph.D.
George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
*Lewis C. Mokrasch, Ph.D.
Victor E. Shashoua, Ph.D.
Pierre J. Stoffyn, Ph.D.

Associate Neuropathologist
Helen H. Hess, M.D.

Assistant Biochemists
Gwendolyn M. Sherman, Ph.D.
Anne Marie Stoffyn, Ph.D.

Assistant Neuropathologists
Larry J. Embree, M.D.
Harvey M. Shein, M.D.

Research Fellow in Biochemistry
David R. Whikehart, Ph.D.

DEPARTMENT OF SOCIAL SCIENCE

Chief and Assistant Social Scientist
Richard H. Longabaugh, Ed.D.

Assistant Social Psychologist
Patsy H. Sampson, Ph.D.

Senior Research Assistant
Nancy Messom, M.A.

Research Assistants
Carole Goldstein, B.A.
Tula Neighbors
Betty-Jane Scheff, M.A.
Peter Wollston, M.S.

DEPARTMENT OF SOCIAL WORK

Director
Golda M. Edinberg, M.S. in S.S.

Supervisors
James A. Garland, M.S. in S.S.
(Social Group Worker)
Shirley Goldstein, M.S.
Constance A. McGrath, S.M.
Martha M. Norton, M.S.W.

Psychiatric Social Workers
Dana Connell, M.S.W.
Irene M. Daitch, M.S. in S.S.
Sheryl Foti, M.S.W.
Judith Haggerty, S.M.
Stella Hartz, M.S. in S.S.
Wendy Kelman, M.S. in S.S.
Carol Rubin, M.S.W.
Barbara L. Schwartz, S.M.
Joyce VanSlooten, M.S.W.
Eve Welts, M.S. in S.S.

*On Leave of Absence

Research Social Worker
Mollie Grob, S.M.

Social Group Workers

Acting Supervisor
Jane Compton, M.S.S.A.

Margaret Davis, M.S.
Rachel Eggert, M.S.S.A.
Ben Lewis, M.S. in S.S.
Marsha Spector, M.S.W.

Outpatient Clinic

Supervisor
Anne Wallens, S.M.

Psychiatric Social Workers
Shirley Greenberg, S.M.
Frances Grey, S.M.
Penelope Tyson, S.M.
Suzanne Vogel, S.M.
Carol Weinberg, M.S.S.

UNIT HEADS

Clinical Laboratory
Marilyn Branagan, B.S. in M.T.
Virginia P. Gearin, B.S., M.T. (A.S.C.P.)

Libraries
Hector Bossange, M.S.

Physical Therapy
Joan Ford, B.S., R.P.T.

Podiatry

Chiropodist
Thomas A. Crapo, R.N., R.P.T.

X-Ray
Joseph Lambie, Jr., R.T. (A.R.R.T.)

DEPARTMENT OF VOLUNTEERS

Director
Anne K. Fallon, B.A.

Report of the Director

The activities of the hospital cannot be reduced to a single word or sentence, but the underlying theme of many activities in the past year has been "reappraisal" – reappraisal of the internal organization, of treatment and educational programs, of the financing of the hospital, of our relationship to the Massachusetts General Hospital, to Harvard Medical School and to State and Federal governments.

For the first time in many years the hospital had a substantial operating deficit caused by a significant drop in the average inpatient census for six months of the year. This was due, not as one might suspect, to a decrease in the number of admissions, which were higher than ever, but to a marked increase in the rate of discharge due to shorter hospitalization. We were seeing both increased efficiency in admission, evaluation, treatment and discharge planning (particularly in the Admission Unit), and admission and discharge time being influenced by the amount covered by insurance. The consequences of this sudden shift were clear – we needed to increase the number of admissions and to reduce the time and cost of treatment within the bounds of good professional practice.

During the late spring the hospital implemented a plan to increase admissions. We informed referring hospitals and clinics of the new hospital programs; we also pointed out the recent increase in insurance coverage for psychiatric illness. Communications to referring physicians and families were also increased and more information was made available about the services offered. The efforts were successful. By the end of the fiscal year, the patient census had dramatically increased without increasing the length of hospitalization.

Another need, the cutting of costs, was reflected in the proposed budget for the next fiscal year. Financial pressure brought on by the immediate national financial situation as well as the need to hold down the escalation of medical costs in general, accelerated a review of the hospital's internal organization and programs. The last several years have been marked by tremendous increases in the variety and quantity of services to patients. Consequently there has been an expansion of all professional departments and hiring of new personnel under the leadership of highly skilled, conscientious, idealistic department heads. We are now appraising the activities of all departments in the light of the patients' and the hospital's needs, examining where unnecessary duplication may be occurring, and in various ways

making more effective use of professional resources without downgrading the traditional quality of patient care at McLean.

Many programs were developed in the past ten years to meet the needs of patients remaining in the hospital for months and years. Now most patients are hospitalized only for a few weeks and therefore different, hopefully less expensive, programs are needed.

The process of reviewing the hospital organization began even before the sudden drop in the census. We were assisted in this by Dr. Harry Levinson and a group of graduate students from the Harvard Business School.

The Trustees, disappointed at the lack of progress in the selection of a new Psychiatrist-in-Chief, enlisted the services of Dr. Douglas Bond, former chairman of the Department of Psychiatry of Case Western Reserve and former dean of the Medical School, to review the future of the hospital. In this review the relationship of McLean to the Massachusetts General Hospital was thoroughly explored. Theoretical possibilities ranged from a complete separation at the Corporate and Trustee level to leaving things as they are at present. While this will probably be reviewed periodically as the needs (financial and otherwise) become clarified, the decision was made that neither institution would benefit at this point from complete separation, even if the complex financial relationship could be resolved. Sharing the same Board of Trustees with the General Hospital, McLean is separate administratively, financially and clinically. Academically, however, the Psychiatric Service at McLean is part of the Department of Psychiatry of Harvard Medical School, over which the Professor and Chief of Psychiatry at MGH presides. The anomaly of this situation led the Trustees to request that the Medical School establish a Department of Psychiatry at McLean separate from that of the General. This would insure McLean's ability to attract a first-rate man as the new Psychiatrist-in-Chief and help to develop the clinical, teaching, and research programs needed if the hospital is indeed to meet its full potential.

The long-range possibility of a major capital fund drive is still unclear. The Development Department has effectively engaged in fund raising through annual mail appeals and many potential donors have been determined. The firm of Marts & Lundy presented their survey report, which was optimistic in stating that if the Trustees were to give fund raising for McLean priority over the General for a few years, McLean would be successful in raising the necessary capital funds. On the other hand, if it is not possible for the General to postpone meeting its own needs, as seems likely, McLean should

be reorganized so that it will be able to raise funds on its own initiative. Efforts were made continously throughout the year to inform the public about the services and needs of the hospital through brochures and information luncheons.

Much effort was devoted, from the fall of May of 1970, to negotiations with the Lahey Clinic about the possibility of its moving to the McLean campus. The world famous Boston clinic was planning to move out of the inner city and sought to buy 60 acres of McLean land. The possibility was most attractive for the hospital. As a psychiatric hospital, most of our resources are used to develop psychiatric programs, yet we also have a responsibility for the physical health of our patients. This responsibility is met partly through our own limited medical facilities and partly by consultation and transfer of patients to general hospitals, (particularly the MGH). Funds are not available to us to build major medical facilities. Nor would such facilities be justified even if money were available, unless they could be used as a general hospital for the community, in addition to the limited use by our own patients. In the absence of such a need for a general hospital in the community, the Lahey Clinic, with its specialized clientele and services, seemed like the perfect answer to the hospital and community needs.

Much support was evident in Belmont as a whole, but a few abuttors were distressed that a beautiful piece of McLean land would be sacrificed for the construction of the Clinic. The Trustees voted to sell the land to the Lahey Clinic, but the latter preferred to pursue alternatives elsewhere rather than confront the powerful local opposition. This was a most disappointing outcome.

Department of Medicine

More effective collaboration was established with the Emergency Ward of the General Hospital with the active support of its Chief, Dr. Earle Wilkins. Attention to the physical health of our patients was further improved by the appointment of Dr. Lloyd Potter, in recent years a part-time internist on the staff, to the full-time position of Coordinator of Medical Services.

Hall-Mercer

Planning for the Hall-Mercer Building of the Children's Psychiatric Center continues. The National Institute of Mental Health approved our application for $321,000 of Federal funds. The continued escalation in building costs has required reduction in some of the services intended three years ago when planning began. The final drawings are

in preparation as the fiscal year ends, and shortly thereafter the bidding will be sought.

Volunteers

Mrs. Anne Fallon was appointed the first full-time Director of Volunteers in January. She brought to the position experience in administration and personnel. Under her leadership the number of volunteers has doubled in less than a year and an expanded orientation program is being planned. The number and types of volunteer positions has grown significantly, and the number of younger volunteers from many high schools and prep school programs has increased. This change has offset to a considerable extent the drop in older volunteers working in the hospital.

Halfway House

The building for the Halfway House acquired last year in Boston was finally opened during the year under the directorship of Dr. Richard Budson. This house accommodates 23 people. It serves mostly former McLean inpatients, most of them young people, and all of whom are either working or attending school or are in day-care at the hospital. It is already proving to be an invaluable transitional base for many people.

Nursing

Mrs. Mildred Makin was appointed Director of the Nursing Department in November and Mr. James Walsh was appointed Assistant Director for Nursing Administration in October. In the past year great progress was made in the reorganizing of this department, the largest in the hospital, and in making it responsive to the changes in the clinical program. The intention, expressed when the School of Nursing closed in 1965, that we should develop new programs in psychiatric nursing education, was fulfilled by the end of the year. An affiliation with Boston University School of Nursing was established and students both at the Bachelor's and Master's level in psychiatric nursing will be coming to McLean.

Psychiatry

Dr. Alfred Stanton, Psychiatrist-in-Chief, was granted a sabbatical leave of absence for one year beginning in July, for the purpose of pursuing independent study. Dr. Stanley Eldred, Director of Clinical Psychiatry, assumed responsibility for psychiatric research in addition to his responsibility for the clinical and training programs.

Dr. Harvey Shein was appointed Director of Resident Education in addition to his responsibility for the Harvard Medical Students.

The Arlington School

The Arlington School has continued its customary level of excellence, under the leadership of Mr. Dunn. The New England Association of Colleges and Secondary Schools accredited the Arlington School, making it the first so accredited school at a psychiatric hospital in the country. The past year's large enrollment necessitated the use of an extra house on the hospital grounds, at first West Cottage and then Ledge Cottage. Fifteen students graduated in June at the Commencement exercises, at which Dean Sizer of the Harvard School of Education was the principal speaker. Under the leadership of Drs. Kenney and Kvaraceus the Training Institute for Teachers of the Emotionally Disturbed was funded by a grant from the Bureau of Special Education of the Massachusetts Department of Education.

Camp Wediko

A possible affiliation with Camp Wediko, a camp in New Hampshire for emotionally disturbed boys, has continued to be discussed. This camp, whose Board of Trustees is made up of several MGH physicians, would like to affiliate with a larger institution of similiar interests and thus insure year-round follow-up of the children. McLean may be the right institution in view of our own increasing involvement in the treatment of young children, particularly when Hall-Mercer is built. Discussions are continuing on this matter.

Relation to State and Federal Governments

The hospital participation in governmental programs has continued. We are deeply committed to participation in the Metropolitan-Beaverbrook Community Mental Health Center. Dr. Lawrence Stone and the Director of the hospital are members of its Coordinating Committee and chairmen of the Children's and Adult Services Subcommittees respectively. Adult Services Task Forces are being set up on which several McLean staff members will serve. We hope that the Center will move forward in using effectively the existing psychiatric facilities in Belmont, Waltham and Watertown to provide comprehensive mental health services to the population of these towns. Funds for the support of 15 children in treatment at the Outpatient Clinic and at the Arlington School have been made available under Law 750. Unfortunately no satisfactory formula has yet been devised for state support, either by contract or by fee-for-

service for the many other services the hospital could offer to the community.

It is clear that hospitals in general, and psychiatric hospitals in particular, will continue to be affected by legislation and by programs established at the Federal level, such as the National Health Insurance program, and it is most important that we deal directly with legislators and governmental organizations. The Director attended a legislative conference in Washington in January organized by the American Hospital Association.

Joint Commission on Accredition of Hospitals

The Director was appointed by the American Psychiatric Association as one of its three representatives on the 11-man Accreditation Council for Psychiatric Facilities. This Council, established by the Joint Commission on Accreditation of Hospitals and five national professional organizations, is establishing standards and survey procedures for psychiatric facilities and will assume responsibility for accreditation of all psychiatric facilities by 1972. It was an honor for the institution as well as for the Director to be elected Chairman of this Council.

Conclusion

As in previous years the hospital has benefited immeasurably from the interest and support of the Trustees and particularly of the McLean Committee. I am deeply indebted to the support and encouragement of all the Trustees and particularly to George Putnam, the Chairman of the McLean Committee.

FRANCIS de MARNEFFE, M.D.
Director

Report of The Administrator

On October 1, 1969 the basic inpatient room and care rate was raised from $70 to $80 a day to provide for a $1,000,000 increase in budgeted operating expense for the fiscal year 1969-70 at an average daily census of 223. As a result of an unanticipated reduction in the census to 211, the fiscal year ended with a net deficit of $198,592 compared with a budgeted deficit of $43,610. The deficit included a correction of prior year losses of $13,171 which represented the final audit of the 1967 medicare cost report by the fiscal intermediary. Net operating income increased 11.5 percent over last year while expenses increased 14.4 percent. Deductions from income represented 6.3 percent of total patient income as compared with 7.4 percent last year. Salaries and wages represented 74.4 percent of total expenses as compared with 75 percent last year.

Of the 383 inpatients admitted last year 337 (88 percent) were covered by third-party hospitalization insurance including 12 percent from Medicare. The insurance recover of $1,636,356 represented 22.6 percent of net patient billing as compared to 21.8 percent last year. The gross insurance recovery increased $201,100 (14 percent). The average recovery per insurance admission decreased from $5500 to $4860, a reduction of 13.2 percent. Net accounts receivable less current billing increased from $892,000 to $1,359,000 during the past year. This 52 percent increase was 9 percent greater than last year. Higher hospital charges, delays in third-party reimbursements, and increasing difficulty in financing hospital charges out of current patient income have contributed to this disconcerting situation.

The inpatient census began to decrease in April and reached a low point of 188 on July 8. The average daily census for May through September was 202. Because of the low census Appleton House was closed on June 5, and the few patients remaining on the hall were assigned elsewhere. The programs and functions of all hospital departments were reviewed and reevaluated. All non-essential expenditures were identified, and a hospital-wide cost reduction program was initiated. In July, a reduction in work force policy was adopted. In all but a few cases, staffing objectives were met through attrition, inter-departmental transfers, and retirements. As a result of this program the 1970-71 budget has been prepared with a reduction of 68.5 positions including transfer of four positions to non-operating funds.

Transferring the monthly payroll from the manual system to the

Massachusetts General Hospital computer has been accomplished with minimal difficulty. With the exception of a small manual confidential payroll, the payroll system is completely computerized, and processes on the average 2,675 checks per month including weekly and monthly payrolls. Issues of confidentiality, control, volume, feedback, and departmental staffing have been raised relative to computerizing patient billing at the Massachusetts General Hospital. The present inhouse manual billing system is adequate to meet the hospital's present needs, and there is no urgency to automate the system at this time. Some mechanization has taken place with the installation of a plate addressograph system which is used for patient billing and accounts payable as well as for personnel file updating and staff and employee mailings. Because of the cost-reduction program, the position of one part-time accountant will be eliminated next year. Even though there have been delays in completing cost reports it is anticipated that all Business Office activities will be on schedule next year.

During the year $538,560 was expended for capital improvements including $59,214 for major moveable equipment. Of these total expenditures $319,633 represented prior year project commitments. Major projects undertaken during the year included renovation and refurbishing of the Halfway House in Boston, installation of protection screens on South Belknap I, installation of an automatic X-ray film processor, upgrading of the Dietary refrigerators, partial renovation of Service Building I for clinical offices, installation of emergency lighting in the Administration Building, renovation of Ledge Cottage for the Arlington School Annex to replace West Cottage, installation of a garage hydraulic lift and auxiliary heating units, and installation of a 6-inch water main to Arlington School including two fire hydrants.

The 1968-1972 five-year capital improvement program initiated three years ago has proven inadequate to meet the day-by-day capital needs of the hospital and has been abandoned. The 1970-71 depreciation budget of approximately $316,000 should be adequate for routine project and equipment needs. To offset as much as possible the high inflationary increase in construction costs, the Department of Plant and Operations has undertaken as many projects as possible with hospital personnel. During the year the department received credit for project expenditures of $94,804, 19.7 percent of total expenditures.

The Department of Plant and Operations processed 4,703 telephone and written requisitions, an increase of 7 percent over last

year. In order to avoid delays and reduce paper work the requisition system was changed so that all repair requests were accepted by telephone rather than in writing, and a new four-part engineering and maintenance requisition was instituted. This system has increased departmental efficiency and provided better interdepartmental communication and follow-up. Routine maintenance activities included stripping and painting of the Administration Building, East House, Garage, South Belknap, and miscellaneous fire escapes, rails, and fences. The stripping and wood renewal program prior to painting continued as a necessary operation due to the age of the buildings and the previous build-up of paint layers. The interior paint program included patient rooms, staff offices, and miscellaneous areas of East House, Garage, Medical Library, Higginson House, North Belknap, South Belknap, Codman House, Upham, Arlington School, Rehabilitation Center, Service Building, and Proctor House.

Fuel consumption dropped 5 percent but costs increased 2.8 percent due to an increase in fuel prices during the last part of the year. As a result of low sulphur fuel requirement and fuel shortages, costs are expected to double next year. Electrical usage increased 6.2 percent over last year primarily due to upgrading of hospital areas and installation of air conditioners.

With the retirement of Howard R. Gallant, the Department of Grounds and Transportation was dissolved and his position eliminated. The dispatch transportation function was transferred to the Security Department and the grounds and vehicle maintenance function transferred to the Plant and Operations Department. This reorganization has increased the efficiency of all affected functions with a reduction in personnel. During the year the 1960 DeSoto and the 1959 Ford Ranch Wagon were disposed of and a one-and-a-half ton dump truck and plow assembly were purchased. As the number of vehicles at the hospital increases snow-plowing and snow removal become more and more difficult. Construction of an additional large parking lot should provide much more flexibility than is presently available. Based upon departmental reorganization and activity analysis, nine positions were eliminated from the Department of Plant and Operations on an interim basis. Since projects are assuming a much greater role in departmental programs, the complement will remain flexible based on project needs.

The ongoing renovation of the Dietary Department was completed with the upgrading of the walk-in-refrigerators, installation of floor drains in the kitchen, installation of air conditioning in the food service room and bake shop area, and provision of a locker and

dressing area for female employees. In order to eliminate food wastage, a patient meal ticket system was inaugurated in the cafeteria in April and has resulted in a net saving of approximately $5000 annually. Better documentation of activities was continued. Rotating time schedules were revised for the aides, cooks, and porters. The therapeutic focus of the department was strengthened with the professional dietitian becoming more involved with meeting with patients and in clinical dietary documentation. In May, the department assumed complete responsibility for departmental cleanliness, and the necessary positions were transferred from the Building Service Department. A pilot program was started on South Belknap II whereby staff and patients eat two meals a week together and share kitchen responsibilities. This limited program has been well received by staff and patients but more extensive implementation of this program as part of the therapeutic milieu will require careful evaluation.

In December, the responsibility for the employee living quarters was transferred from the Personnel Department to the Building Service Department centralizing accountability for cleaning and quarters management. Staffing was a problem during the year with a high termination rate for a number of short-term employees. The problem has been relieved by a strengthening of the supervisory group and a loosening-up of the labor market. The department is still hampered by inadequate office and storage space, but it is anticipated that it will be relocated to the Laundry Building next year. An analysis of departmental functions has resulted in the elimination of six and a half houseman positions.

Laundry production decreased from 2.8 pounds to 2.6 pounds per patient-day due to a reduction in the volume of patients' personal laundry. One press operator position was eliminated and the functions of the Laundry porter was combined with the Dispatch Service, which has provided faster service and facilitated distribution of laundry and dietary supplies. The sewing room manufactured 298 pairs of drapes at considerable savings to the hospital.

Even though the average daily census decreased 4.3 percent, the number of admissions increased 13.6 percent. The increased admission rate and the trend toward shorter hospital stays has contributed significantly to the work load of the Medical Record Department which has resulted in the addition of a clerical position. The content and organization of the medical record have been under review by the Medical Record Committee. Chronological charting and color coding of consultations, physical examinations, and X-rays have simplified

the use of the record and eliminated duplicate filing of laboratory slips. Plans are being formulated to eliminate duplication of basic clinical information in the record and restructuring of the case report. It is anticipated that these changes will reduce departmental work load by approximately 5,000 hours annually some of which will have to be reassigned to filing and statistical functions.

An addressograph system was installed in the department and on patient units to provide more accuracy in identifying the components of patient records. The system is also used on the patient units for charge tickets. With the exception of annual statistics and admission and discharge data, little progress has been made in developing a data-processing system for patient information and record-keeping. Design development capability and cost-benefit analysis require further in-depth study. Consolidation and expansion of the physical facilities of the department which have been under discussion for the past few years will get underway next year.

The change from the PBX to the Centrex telephone system in June resulted in a number of serious problems in completing both incoming and outgoing calls. Even though the service has improved somewhat, complete relief is not expected until next spring when additional equipment will be provided by the telephone company in Waltham. Separate numbers were installed on the nursing units for patient incoming calls and for outgoing calls from pay stations. This system has saved a considerable amount of time in the screening and charging of patient calls. The installation of the Centrex system has resulted in staff reduction of 3.2 positions and better control of billing throughout the hospital. Once this system is completely assured it should significantly improve telephone service.

The position of Secretarial Service Supervisor was eliminated and the over-all responsibility for the clerical function was transferred to Administration. One additional unfilled secretarial position was also eliminated.

There was no significant development in the Department of Purchasing and Stores with the exception of the elimination of one position of stockman. However, a more detailed inventory control is planned for next year, relating to the proper use and over-use of hospital supplies.

There was a considerable amount of turnover in the Personnel Department. During the year Margaret H. Higgins and Richard Orton resigned as Personnel Representatives and were replaced by Benjamin H. Chadwick in September and Henry I. Hatch in April. The position

of training specialist formerly held by Mr. Chadwick has been cut to half-time and will be assumed by Wilmah Berkey, R.N., B.A., Instructor of Nursing Education. In addition, one additional half-time clerical position will be eliminated in the department next year. Edward J. Flynn joined the staff in March as Compensation Coordinator replacing Lawrence K. Blume. Mr. Flynn has had considerable experience in personnel administration in both hospital and industrial settings. The quality of pre-employment interviewing and work-history analysis has been refined and improved to provide the greatest possible assistance to department heads and minimize the risk of costly employment errors. During the year 387 personnel were employed compared to 375 last year. Agency and advertising recruitment costs increased from $69 to $72 per employee hired. Considerable effort has been directed at recruiting minority group members, as defined by the Department of Labor, resulting in the employment of 42 people in this category (11 percent of those employed during the year). Filling of specific jobs on a timely basis presented a problem during the early part of the year but changed as major industrial lay-offs became common by the end of the year. In addition, as a result of the cost-control program only a limited number of positions were filled as they became vacant. The major thrust of the department has been in the area of wage and salary administration.

In October, the minimum wage was increased from $2 to $2.10 per hour and all the salary ranges were upgraded. All but a few positions have been evaluated and classified as exempt or non-exempt and treated accordingly. The performance appraisal program for all weekly-payroll personnel was developed and implemented. It will result in the inclusion of a merit factor in the 1971 salary budget. A similar merit program will also be implemented in October for the majority of the monthly salaried employees. Revised criteria for the implementation of salary ranges have been developed and became operational in October.

A job evaluation manual was developed in order to facilitate the internal comparison of jobs. The systematic analysis of all jobs and the upgrading of job descriptions has begun and significant progress has been made in this program. Eight non-English speaking employees completed the basic course in conversational English and were awarded certificates in June. This program has resulted in more successful employee functioning, reduced turn-over, and reinforced recruitment efforts.

The second annual blood donor drive was conducted in February

and March with the collection of 206 units of blood as compared with 190 last year. A number of employees have subsequently become repeat donors. This level of giving again qualified the hospital as a participant in the Massachusetts General Hospital blood donor program established last year.

On May 20, 53 employees and 34 volunteers were honored at the annual Service Award Ceremony. Alvah Bugley was honored for 40 years of service, Mrs. Paul Poirier for 35 years of service, Mark D. Altschule, M.D. for 25 years of service, and Estella Crowell for 20 years of service. Five employees were honored for 15 years of service, 10 employees for 10 years of service, and 33 employees for 5 years of service. Eleven employees retired during the year, increasing the total number of pensioners to 90. The retirees include Joseph T. Lentini who retired after 52 years of service, Herbert A. Davidson after 42 years of service, John Vaughey after 35 years of service, Howard R. Gallant after 30 years of service, Dominic Caruso after 23 years of service, Edward Dean after 22 years of service, Estella Crowell after 20 years of service, Paul Burns after 18 years of service, Arnold Shaw after 14 years of service, Mary C. Ryan, R.N. after 11 years of service, Anthony Lanza after 8 years of service and Marvin Austin after 6 years of service.

This report has summarized the activities of the administrative and non-clinical departments during the past year. Even though the hospital suffered a temporary financial reversal, the over-all trend has been and will continue to be maintainance of financial solvency.

The trend toward short-term hospitalization and the broadening of insurance coverage has made it possible for many more people to afford quality psychiatric care. Financing long-term, intensive treatment programs has become much more difficult and will become even more so in the future as hospital costs continue to rise.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

Report of The Director Of Clinical Psychiatry

While the concept of the mental hospital as an asylum separate from society has been untenable for decades it lingers on in our legal system, in our literature and more subtly, in the minds of our lay and professional populations. The remnants of the asylum idea will fade only when hospitals such as McLean are successful in defining and meeting the changing needs of the community which they serve. The viability of any institution today requires a constant awareness of its complex involvement, real and symbolic, in the larger surrounding culture. Out of such awareness the clinical departments of the hospital have drastically altered patterns of patient care to meet the changing needs of the community. In brief, McLean Hospital is rapidly becoming a community hospital, providing an expanding number of services to more people both in the community and in the hospital. At the same time, we are maintaining and refining our capabilities to provide long-term intensive treatment to those for whom it is appropriate.

Changing patterns of patient care have necessitated alterations in many aspects of the conventional professional roles of psychiatrists, psychologists, social workers, activity therapists and psychiatric nurses and aides. Increased coordination and meaningful collaboration of all clinical departments at all levels is facilitating the development of treatment teams and the more sophisticated use of group treatment in maximizing the effectiveness of therapeutic milieu and our community services.

The admissions rate increased drastically from June through September and will probably remain high as a result of greater community awareness of the more efficient methods of evaluation and treatment of newly admitted patients on the Admissions Unit. The evaluation and treatment of each patient and his family are overseen by a resident psychiatrist, a social worker, a psychologist, and the psychiatric nurses and aides on the unit under the direction of Philip Kelleher, M.D., Director of the Admissions Services. Contributing to this combined process of ongoing evaluation and treatment are in internist, a neurologist, a rehabilitation counselor, a group social worker, and other specialists, as indicated. Of utmost importance on the Admissions Unit is the careful attention given to the individual patient and the effective use of group processes. Very few patients can remain cut off from the world of reality on this Unit, and most become rapidly involved with staff and patients alike in confronting

and working on their own problems. Most patients show remarkable improvement in one to three weeks under this milieu therapy.

Similar developments have occurred on the eight other inpatient treatment units. In addition to a variety of hall staff group meetings most halls have "town meeting" groups which include all patients and most staff members, as well as smaller, more intimate "milieu" groups made up of four to ten patients and one or two staff members. There has been a significant decrease in the tendency of people to isolate themselves, a proclivity to work together toward common goals, and the development of a spirit of mutual support and trust on these halls. The result is that patients take increasing mutual responsibility for their own treatment programs. Concomitantly, the staff members are more satisfied with their professional roles and there continues to be a significantly low turnover rate of staff.

The development of a close treatment alliance with the family members of the patient has been for a long time a goal of McLean Hospital, and while not yet achieved, significant progress has been made. David Blau, M.D., Director of Family Therapy, has trained a number of the staff during the past year. While only a small percentage of families can receive formal family therapy a variety of less formal interactions have been organized. There is a family diagnostic interview with the patient present by Dr. Blau for selected families during the evaluation period. In addition, many of the psychiatric aides and nurses have become involved in communicating directly with families, rather than relying entirely upon the social worker to report day-to-day details. Also of considerable help has been the assignment so far as possible of one social worker to each hall where she participates with the treatment team of that unit and becomes better acquainted with the patients and the vicissitudes of their cases. One other contributing factor has been the development on several of the units of "family night". This means that, in addition to whatever contact the family member may otherwise have with the treatment unit, they can meet in a group with other families of patients on the same hall. Discussion of mutual concerns about their own involvement with hospitalized relatives, and their treatment programs has contributed greatly to diminishing the guilt, anxiety, and despair connected with the hospitalization of the family member.

For a long time, McLean Hospital has provided highly skilled psychiatric and physical treatment of the mentally ill in the older age groups on an inpatient basis. Now another dimension to that treat-

ment program has been added. David Browne, M.D., who is the Psychiatrist in charge of geropsychiatric services has successfully conducted a feasability study of providing prehospitalization and aftercare consultative services both in the home and in nursing home situations. Thus, an elderly person with mental difficulties may be treated where he is living by his own physician in consultation with a specialist. If hospitalization is indicated the patient will receive individually-oriented, psychodynamic treatment along with the necessary chemotherapy, and will be given full attention to all physical ailments that need to be corrected. In a matter of a few weeks most patients recover sufficiently to return to their homes or nursing homes. Nurses from the hall are available for home visits and consultations with the nursing home. We are now convinced that the prognosis for marked improvement is very good in this age group. It may well be that in the future the majority of our efforts will be in the community rather than directly in the inpatient service.

The Day Care Center under the guidance of Stephen L. Washburn, M.D., has traditionally sought alternatives to total hospitalization for the mentally ill. In the past, this has been confined to people not quite sick enough to go into a hospital, and to those not quite well enough to leave one. After many months of unforeseen difficulties, the Day Care Center is now accepting a limited number of patients who by ordinary standards would have been considered candidates for a closed ward. They formulate, with the doctor, an individually prescribed treatment program, the outcome of which is systematically compared to the outcome of similar patients admitted to the hospital. While it is too early to provide many scientific findings, there are reasons to hope that very disturbed people can be treated in a day care setting. This holds promise for reduction of costs both financial and emotional, in the treatment of the mentally ill.

The Adolescent Unit, made up of two halls and directed by Richard Sens, M.D. and Robert Leff, M.D. (August 1, 1970), accommodates approximately half of our adolescent population. Adolescents from other halls are involved with this group in a series of programs specifically geared to the needs of the adolescent. Such programs include full-time attendance at the Arlington School, planned activities inside and outside the hospital, and a variety of group techniques for maintaining and developing the ability to relate to one another in a controlled setting. On these units the patients are given a great deal of responsibility for each other's care and treatment on the valid assumption that adolescents know more than an adult about what is going on with each other. This has had a

saluatory effect on ego growth and character development.

Partially as a result of these changes the average length of stay has been reduced from six to three months during the past eighteen months. Approximately one-third of newly addmitted acutely psychotic patients are returned to the community within three months. While length of hospitalization is a crude index of improvement, these trends have led to improved methods of discharge planning, aftercare, and the development of post-hospital consultation services with psychiatrists, psychiatric nurses and social workers.

Bernard S. Yudowitz, M.D., Coordinator of Discharge Planning (July 1, 1970) has demonstrated the usefullness of a multi-discipline approach to aftercare on the halls. While many of the patients maintain some contact with their halls, this approach involves a discharge planning conference and the careful management by psychiatrists, social workers, and psychiatric nurses and aides of an aftercare program. The goal of this coordinated approach is to return the patient to full participation in the community as rapidly as his developing confidence permits. The development of "transition" groups, made up of people recently discharged from the hospital and those on the halls who are about to leave, has been a useful innovation. Group discussion of the practical and sometimes painful problems of reentry into the community make readmission to inpatient status less likely. It is highly probable that aftercare is an area that will require increased emphasis on the part of the hospital and will demand the utmost of imaginative and creative planning structured to meet the clinical requirements of each individual.

Phillip Isenberg, M.D., replaced Jacob Christ, M.D., as the Director of the Outpatient Clinic on June 1, 1970 and brings to this low-fee community service years of experience in the delivery of psychiatric services to the economically deprived of Boston. The Outpatient Clinic is the leading source of community psychiatric care for individuals and families in the area. Approximately 940 individuals were treated with individual psychotherapy, group therapy, family therapy and/or couples' therapy during the year. Four hundred and sixty two patients were discharged, and 519 new cases were added. The total number of interviews increased from 13,068 to 15,764. The Outpatient Clinic also provides all necessary treatment to twelve adolescent patients who attend the Arlington School under Public Law Chapter 750 of the Commonwealth. Approximately 30 senior staff and 44 trainees provide these services. Trainees include psychiatric residents, psychology interns, medical students, graduate nurses and volunteer family aides.

As a result of long-term planning, the Massachusetts State Division of Special Education has sponsored the establishment of a Training Complex at McLean Hospital, primarily for private and state institution personnel working with emotionally disturbed children and youth. Helen J. Kenney, Ed.D., Associate Psychologist, is the Director, and Maurice Vanderpol, M.D., Associate Psychiatrist, with John F. Dunn, M.A., Headmaster, Arlington School, are Co-Directors of the Training Institutes for the Education and Comprehensive Care of Emotionally Handicapped Children and Youth. During the academic year 1970-71, a series of short-term and long-term training units or modules will be conducted covering a variety of topics (problems) concerning the education and comprehensive care of emotionally disturbed children and youth. The Training Institutes will supplement and extend existing programs available in universities and colleges by focusing on the practical application of multi-disciplinary based theory and research.

Dr. Vanderpol continues his long established consultative service to the Needham Public School System. This program also provides a training ground for community methods to psychiatric residents in the Adolescent Training Program.

The excellence of a hospital is in part measured by the vitality and quality of its teaching. Harvey M. Shein, M.D., was appointed Director of Resident Education March 16, 1970, and has taken a leadership role in developing new curriculum for the Resident Psychiatrists in training. McLean has an approved three-year Residency Training Program in Psychiatry, which prepares psychiatric residents for positions of leadership in clinical, academic and community aspects of psychiatry. Resident Psychiatrists have assumed increasing responsibility for inpatient care under supervision of senior staff during the past year. In addition, they receive training in the delivery of community services through the Outpatient Clinic, in public school systems and in a university setting. Concordant with changing hospital policy of providing increased services to the community we are planning programs to train Resident Psychiatrists to work with a wide variety of community agencies. The hospital plans to add six more Psychiatric Resident trainee positions, bringing the total number to 34.

As a correlate to newer methods of treating patients, senior staff must also continue their learning process. To this end they attend Academic and Clinical Case Conferences. In addition, they are expected to participate in meetings of local and national psychiatric organizations. The hospital provided tuition for three senior staff to

attend the Group Relations Conferences, Washington School of Psychiatry, for two weeks.

The major development in the Psychology Department under Irene Stiver, Ph.D., Director, was the five year renewal by the National Institute for Mental Health Grant, for our pre-doctoral training program under the Directorship of Robert D. Schnitzer, Ph.D., and the approval of an additional intern position. The Psychology Department has continued its traditional functions of psychological testing, the application of a range of psychotherapeutic techniques, research and teaching. In addition, all the senior members have become more directly involved with the Admissions Unit during the past year. Within a few days after admission they see the patient for a Psychological Diagnostic Interview, which includes selected items from the usual test battery. These tests facilitate the overall hospital program of providing short-term evaluation and treatment for a significant number of patients.

In addition to the five-year renewal of the Clinical Psychology Training Program, a new two-year program for postdoctoral candidates in the field of adolescent psychology has been developed and will begin September, 1971. This training program will provide services to the inpatient and outpatient facilities of McLean Hospital, the Arlington School, the Needham, Massachusetts School System and the Psychiatric Clinic of the Massachusetts Institute of Technology.

Other training functions in the Psychology Department include the supervision of members of related disciplines (resident psychiatrists, activity therapies workers, psychiatric nurses and aides). Formal courses are offered to residents, affiliating nursing students, and Harvard Medical students. Both Dr. Schnitzer and Dr. Stiver supervise those students enrolled in the graduate program in psychology at Harvard University who do some of their practicum work at McLean. All of the staff members in the department are actively engaged in research and a number of papers have been published or accepted for publication.

The Department of Social Work under Golda Edinburg, M.S. in S.S., Director, accommodated the dramatic increase in the admission and discharge rate by giving high priority to "short-term" approaches in an effort to treat both patients and families.

The Department conducted 8,502 interviews, 6,002 of which were with inpatients and/or their families, while 2,550 of which were with patients and/or families in the community. It is noteworthy that practically an equal number of telephone conversations were con-

ducted with inpatients – 3,031, while 3,024 were held with people in the community including 2,037 with people seeking hospitalization. This indicated the very thoughtful and extensive consideration given to people requesting inpatient or day care admission. The initial screening, referral elsewhere, or planning for treatment, are critical and important services.

Although the Outpatient Clinic is reported elsewhere, it is important here to note that the social workers carried a total of 454 cases, 370 of whom were new patients to the Clinic. A total of 1,782 interviews were conducted (averaging 125 cases a month), including 771 interviews with people applying for treatment.

Despite the reduction of three group workers, the group work staff was able to cover every hall either by direct assignment or by supervision of ward personnel. In this way the group workers were instrumental in the development of meaningful and relevant discussion groups regarding hall milieu. They also participated in the growing number of transitional groups and took the initiative in developing family group meetings on some halls.

Special interest in training was maintained. Affiliation with Smith College School for Social Work was established increasing the total number of social work students to nineteen. There are now four schools of social work (Boston College, Boston University, Simmons and Smith) affiliated with McLean. The trainees under the supervision of highly qualified senior social workers have the opportunity to learn individual, couple, family and group therapy.

Systematic clinical research has been actively conducted in collaboration with other clinical departments. This research has focused on the development of clinical questionnaires suitable for computer programming and upon follow-up studies of former McLean Hospital patients and their families. A number of papers have been presented to local professional groups as well as at the American Orthopsychiatric Association Meeting.

The Activity Therapies Department, under the direction of James A. Garland, A.C.S.W., concentrated during most of the year on strengthening and broadening the base of clinic-originated programs in crafts, recreation, the arts and work. The Department also collaborated with wards in developing special programs suited to the needs of particular living groups. Joint participation in a variety of activity programs by the nursing and activity therapies staffs and the orientation of new staff made for a better integration of functions and better delivery of service to patients. Mr. Garland became more involved as a consultant to psychiatric, nursing and social work staffs

around a variety of group-orientated treatment programs on and off the halls.

Occupational Therapy and Vocational Rehabilitation staff expanded their help in evaluation and short-term treatment through their participation on the Admissions Unit.

Mr. Garland was appointed Adjunct Assistant Professor at the Boston University School of Social Work and continued his teaching and group research responsibilities with the School in addition to lecturing and consulting in the community. Miss Jane A. Schoonmaker, M.S., Supervisor of Recreational and Music Therapy, was appointed Clinical Instructor in the Division of Health Dynamics, Sargent College of Applied Health Professions, Boston University, and presented papers in conjunction with her research on the psychological aspects of obesity. Mr. Albert Pesso, B.A., Supervisor of Psychomotor Therapy, continued to teach in a variety of workshops and institutes throughout the country.

In the coming year, activity therapists will be assigned to work full time on wards. Activity programs, while supplying creativity and diversion, will focus increasingly on the development of daily living skills and the learning or relearning of skills necessary for successful functioning in the community. Emphasis will be placed on such factors as budgeting of money, meal planning and preparation, home maintenance-oriented craft skills, decision making, and use of community resources for recreation and vocation. Patients will be involved increasingly in skill instruction in many areas of activities therapy. This ward-based approach should give greater continuity in various phases of the patient's treatment and more total human involvement among all staff members and patient groups.

Mrs. Mildred C. Makin, R.N., Ed.M., Acting Director of Nursing since August, 1969, was appointed Director of Nursing on November 15, 1969.

The Nursing Department staff, under her leadership has developed departmental organization and philosophy to meet the shifting emphasis upon group methods, the changing dynamics of patient intake and discharge and the changing attitudes about nursing management and nursing education.

In line with the focus on milieu treatment in the patient units including the Day Care Center, there has been increased involvement of the nursing staff with other members of the team, providing structure and a realistic approach to the daily living patterns of patients as a group. This approach assures patient initiation and participation in planning programs and activities as well as

ascertaining how patients will most efficiently and effectively be able to deal with individual needs for help. One of the most dynamic programs is the extension of nursing services into the community through follow-up visits to discharged patients in their homes. Nursing staff, particularly on the geriatric units, have visited prospective patients to help facilitate adjustment to admission to the hospital. Nursing administrators have begun to explore the possibility of having one or more nurses permanently assigned to develop and supervise an extension of nursing care into the community and to offer consultation service to community agencies.

Mr. James P. Walsh, R.N., B.B.A., who was appointed Assistant Director for Nursing Administration in October, has become an invaluable member of the administrative nursing staff, carrying out his responsibilities for the development and coordination of the department's staffing plans and record keeping, planning of budget, and interviewing staff nurses and psychiatric aide applicants.

The Psychiatric Aide Function Study Committee has continued to meet throughout the year. On this committee's recommendation, the title "nursing aide" was changed to "psychiatric aide". One of the most important products of this committee was the revision and acceptance of the role and job description of the psychiatric aide for subsequent use in recruitment, interviewing, and salary administration.

The five week orientation and training program for psychiatric aides has continued under a grant from Manpower Development Act of 1962. Of the fifty psychiatric aides who completed the program, 74 percent are presently employed by the Hospital.

A lecture series on psychiatric themes, with interdisciplinary representation, was presented several times during the year. These lectures proved to be both intellectually and clinically worthwhile and are available on tape for use in the classroom and clinical areas.

Approval has been given for a pilot study to evaluate a program of group training in group dynamics conducted by an experienced clinical person. The makeup of these groups will consist of a random sampling of clinical nursing supervisors, staff nurses, instructors and psychiatric aides.

It is a pleasure to note that the number of nurses taking advantage of the monies available through the McLean Scholarship Fund and other sources for advanced educational courses has increased, as have the number who have joined professional organizations and have participated in meetings and workshops. Mrs. Ida Orlando Pelletier, R.N., M.A., Clinical Nursing Consultant, has conducted workshops in

the Nursing Process, sponsored by universities and nursing organizations in various sections of the continental United States, Alaska and in Canada.

The McLean Hospital Nurses' Alumni Association, under the presidency of Miss Vera K. Dunkley, R.N., has become increasingly active. In June, the alumni pledged $1,500 over a three year period to purchase educational equipment for the Hall-Mercer Children's Center, McLean Hospital.

One of the key objectives announced more than two years ago when McLean Hospital phased out its School of Nursing, became a reality in September. A total of 21 masters candidates from Boston University School of Nursing began their field experience at McLean. Mrs. Makin and Mrs. Pelletier were given appointments as Adjunct Associate Professors at the Boston University School of Nursing and Miss LaVonne E. Davidson, R.N., M.S.N., Coordinator of Training in Nursing Process, was given the appointment of Adjunct Assistant Professor.

Another milestone that should be noted is that sixteen students enrolled in the four-year basic nursing program at Boston University School of Nursing began their field experience in psychiatric nursing at McLean this fall. Miss Marilyn E. Fitzgerald, R.N., M.S., Clinical Nursing Supervisor, was given an appointment as Associate Instructor at the Boston University School of Nursing. She will assist with field work supervision. In addition, continuing programs of clinical experience in psychiatric nursing education for students from the Massachusetts General Hospital, Peter Bent Brigham Hospital and Simmons College, are now under way at McLean for the 1970-71 academic year. Plans are in progress to accept Master Program students from the University of Massachusetts in 1971. This will be a newly established program for both the University of Massachusetts and McLean Hospital.

An area in nursing that will be given particular attention next year is research. The introduction of Master Program students and hopefully, Doctorate Program students in nursing into the Hospital setting should help to stimulate and develop this increasingly important area in nursing.

The Social Science Department under the leadership of Richard H. Longabaugh, Ed.D., Chief and Assistant Social Scientist, has centered its activities around the function of evaluation. Its goal has been to facilitate McLean's capacity to effectively evaluate the effects of its structure, treatment programs and policies and, thus, to be able to modify as a consequence of these evaluations. These activities have

included attempts to develop adequate records of its clinical activities and to use these records in the service of systematic self-evaluation.

Evaluational procedures having to do with the patients focus on the condition of the patient prior to hospital treatment, the treatment actually given to the patient, his response to this treatment and his condition after the termination of his treatment. A variety of forms and methods have been developed to assess the patient in all three of the aforementioned areas. Success has been confined to initial steps primarily because of the inability to fund computerized programs and to hire the highly skilled personnel necessary to conduct such evaluations.

The Social Science Department has participated actively in follow-up studies with the Social Work Department and with Alfred H. Stanton, M.D., Psychiatrist in Chief. This multidisciplinary team has developed and completed a comprehensive coding manual for recording the experiences of the adolescent patient prior to hospitalization, in the hospital and during the five years following his discharge. During the next year, analysis will be undertaken of the data collected from a group of former McLean patients and family informants.

The Social Science Department has also concerned itself with evaluating the spectrum of the total Hospital and has plotted census trends and factors contributing to these trends. The highlights of these analyses are reported elsewhere in the statistical section. The lack of available funds prevented the development of computerized hospital information. The frustration of this initial step in computer automation is viewed as a setback in the creation of the conditions necessary to permit scientifically-based planning of the Hospital's present and future.

During the past year, Dr. Longabaugh and his assistants have been active participants in many of the on-going research projects in the Hospital. One project is the Controlled Evaluation of Psychiatric Day Care supported by the National Institutes for Mental Health. Along with the Nursing Service, Dr. Longabaugh has attempted to evaluate the role of the psychiatric aide and to upgrade the status of the aide at the Hospital through special training programs. Studies of the psychological attitudes of applicants and of successful aides continue and will be useful in helping select the type of aide we want at McLean. This department also collaborated with the Nursing Service and Personnel Department staff in developing job evaluation forms for staff nurses and aides. In addition, Dr. Longabaugh has

effectively participated in developing treatment programs and educational programs. His influence has touched all departments of the Hospital and has been an extremely constructive force in the maintenance of scientific objectivity in the face of clinical and individual biases.

Dr. Longabaugh has also completed a study funded by the National Institute for Mental Health entitled, *The Sequential Analysis of Schizophrenic Interactions,* leading to significant clinical information regarding ways in which staff behave to different kinds of schizophrenic patients. He has designed a method for evaluating the effects of group process training for psychiatric nurses and aides at McLean Hospital and has conducted seminars for resident psychiatrists focusing on the role of family interaction in mental illness. The teaching function of the Social Science Department has been strengthened by participation in the Training Laboratory of the Post-doctoral Program in Social Psychiatry of the Massachusetts Mental Health Clinic. We anticipate our first post-doctoral trainee next year. With the increasing scarcity of federal funding for research there has been steady attrition of the Social Science Department at the senior level. It is abundantly clear that this department will cease to function unless financial support can be provided over and above that which is currently available.

Lloyd G. Potter, M.D. was appointed Coordinator of Medical Services in May, 1970. The purpose of this position is to strengthen, augment and bring cohesion to the Clinical Laboratory, X-Ray Department and Staff Clinic, while providing full-time medical coverage at McLean. The Clinical Laboratory has expanded its capacities and Dr. Potter has provided for increased utilization of the Staff Clinic for health care. He is assisted in this by Willem Linscheer, M.D. and Leslie Lipworth, M.D. Plans for next year include further development of medical services to the Hospital and its staff and its patients, the enlargement of the Clinical Laboratory, the relocation of the Radiology Department, and the possibility of space for infirmary beds in the same area.

In summary, the past year has been a period of rapid change in McLean's methods for delivering psychiatric service. While many of these methods are under continuous scrutiny and change the net result is both gratifying and generally effective. Such change could not have been accomplished without the close collaboration of all clinical departments and the Director.

STANLEY H. ELDRED, M.D.
Director of Clinical Psychiatry

Report of Hospital Population and Statistics

Analysis of census data has proceeded in a manner similar to that used last year by the Social Science Department. Although, in many ways, the past year has been a very active one, seeing both increased rates of admission and discharge, the hospital's average daily census continued to follow the trend of decreasing from year to year since 1965. Whereas it was 222.0 in 1968 and 220.8 in 1969, during the past year it dropped to 212.3. This figure was close to that of 214 predicted in the last Annual Report. Even though the last three months of the fiscal year were unusual in that they were very active ones for the hospital, seeing 124 patients admitted to the hospital, the yearly average could only be brought up to the 212 figure.

Admissions

The number of admissions increased by 21 percent over the prior year, from 316 to 383. This rise can be attributed to a full year's operation of the admissions unit and to an increasing focus upon short-term hospitalization.

The greatest amount of increase is in patients admitted for the first time to any psychiatric hospital, the increase being reflected in both absolute numbers, from 141 to 185, and in percentage, from 45 percent to 48 percent. Almost half of the patients admitted are being admitted to a psychiatric hospital for the first time.

Patients readmitted to McLean also increased from 56 to 76. This increase reverses a decline which had been consistent over several years. Also previously declining had been the percentages of patients seeking readmissions, who in fact actually gained readmission. This decline too was halted this past year with 71 percent acceptance of readmission applications, a 7 percent increase over the prior year.

Patients having prior psychiatric hospitalization at other hospitals but being admitted for the first time to McLean remained roughly the same as in the prior year, 122 vs. 119.

Thus, the increased admissions are primarily attributable to increased first hospital admissions and secondarily to increased McLean readmissions. Patients coming to McLean are more apt to be entering their first psychiatric hospital, or are more likely to have previously been a patient at McLean.

While both more males and females were admitted this year than last, the increase in females was more marked, from 172 to 221, an increase of 49 females. Males increased from 144 to 162, an increase of only 18. Fifty-eight percent of all admissions were females.

There were also some modest changes in the age distribution of patients admitted. Patients under 50 increased in numbers; 12-20 years old increased by 25, patients 21-30 increased by 11, patients 31-50 increased by 14. In contrast, patients over 50 declined by 2. As a consequence, older patients represented a smaller percentage of all patients in 1970 than in the previous year, even though their absolute numbers remained approximately the same. As they were already the least represented age group, the overall image is toward a younger patient. Thirty percent of all patients admitted were 20 or under; another 25 percent were 21-30. In combination, 55 percent of the patients admitted were 30 or under. Twenty-seven percent were 31-50, and only 18 percent over 50 years old.

The diagnostic profile of McLean admissions is also changing. The most apparent trend is toward increasing numbers of schizophrenics (200 vs. 127 in the prior year), an increase of 12 percent. Patients diagnosed as schizophrenic now comprise 52 percent of all admissions.

Also increasing are patients with other psychotic diagnoses, up from 3 percent to 10 percent.

Also of interest is the slight decrease in frequencies of other diagnostic categories, despite the marked increase of total admissions. There were 18 fewer patients admitted in the current year with diagnoses of personality disorder or special symptoms than in the prior year; there were nine fewer patients admitted with neurosis as diagnosis than in the prior year.

In combination these figures are quite compelling: McLean is increasingly specializing in the treatment of schizophrenia and other psychoses and away from treatment of less incapacitating illnesses such as neuroses.

Showing no marked change in frequency of admission are categories such as transitional situational disturbance (8 percent of all admissions), organic brain syndrome (with or without associated psychoses; also 8 percent of admissions), and major affective disorders (6 percent of admissions).

The decline in admission of patients diagnosed as having personality disorders or special symptoms may be due to the difficulty in giving them effective treatment. (Keeping this category of patient in the hospital is the first step; 16 percent leave via escape or without consent, a figure somewhat greater than for other diagnostic categories.) Patients in this category leave having had less success at the hospital than patients as a whole; only 47 percent vs. 54 percent of the total population are "recovered, much or moderately improved."

Twenty-five percent of this group, compared with 18 percent of the group as a whole are unimproved. These patients, apparently unsuccessful in the community, make up a large proportion of persons requiring a further McLean admission (24 percent of readmissions) and the absolute number has doubled from 9 to 18. This percentage is the same as the percentage of personality disorder category patients being admitted for the first time to McLean. As mentioned last year, it is the male personality disorder with prior psychiatric hospitalization elsewhere who is decreasingly admitted. This year only three such patients were admitted, as opposed to 23 last year. He may be a poor candidate for treatment at McLean.

Accounting for the great increase in patients admitted without prior psychiatric hospitalization are schizophrenics, up 30 to 85, from 55 last year. Diagnoses of other psychoses were also markedly increased for newly admitted patients (from 2 to 21).

Of patients with prior hospitalization elsewhere, all categories of McLean admission decreased excepting two: schizophrenia, up from 44 to 78, and other psychoses, up from 3 to 13. Without these two marked increases, the total number of admissions of patients with prior psychiatric hospitalization elsewhere would have dropped markedly by 40.

Summarizing changing admission patterns, it is concluded that the large increase in admissions can be attributable primarily to a large influx of schizophrenic and other psychotic patients who are being admitted to a psychiatric hospital either for the first time or after a prior hospitalization elsewhere. Such patients are on the average slightly younger than previously, and are more apt to be female than male. The admission of other categories of patients is either remaining fairly stable, or in some cases such as personality disorder or neurosis, actually declining. The hospital is increasingly specializing in the treatment of the severely ill, schizophrenic and/or psychotic patient.

Inquiries

Of course, admissions are dependent upon inquiries; it is interesting to note, however, that although inquiries rates have decreased, admissions have increased.

The Preadmissions Office reports that a total of 1159 inquiries were received and processed through the year; this represents an average of 97 a month, which shows a slight decrease from the 100 per month average seen last year. The ratio of admissions to inquiries has improved; 33 percent of those for whom inquiries are made are

admitted compared with 26 percent during 1969. This may be a function of one or more factors: 1) greater flexibility in the program offered to the potential patient, 2) increased knowledge of what the hospital may offer on the part of referring agents, 3) a decrease in the length of a wait necessary to get into the hospital, or 4) increased diligence on the part of the preadmissions staff.

Discharges

The number of patients discharged during the current year increased to 357 as would be expected from the corresponding increase in patients admitted. Destination at discharge remained comparable to the prior year: about half of the patients returned home; about 24 percent go to another hospital (most to another psychiatric facility). Of the remaining, about 3 percent are deceased and the rest go to their own apartment, school, a foster home or some other nonmedical or psychiatric setting.

Condition at discharge is most apt to be moderately improved (30 percent). A full 54 percent are moderately, or much improved or recovered. Nineteen percent are discharged unimproved or worse, while 3 percent are deceased. Thus, the chances are about 4:1 that the patient will be at least slightly improved upon discharge, and better than 50:50 that he will be moderately improved or better. These figures are comparable for males and females. They are slightly better than those reported last year.

Length of hospitalization in residence is roughly comparable to last year. Eighteen percent of patients are in residence 30 days or less, about 50 percent 90 days or less; 83 percent are in residence a year or less, and 95 percent are no longer in residence after the second year. This is a slightly more rapid turnover than reported for last year. As remarked last year there is a noticeable decline in patients being discharged after two years in residence.

Of special interest is the fact that the increased frequency of patients admitted does not affect the distribution of days in residence prior to discharge. The same percentage of patients will be discharged after a given number of days of continuous hospitalization. The consequence is that the more patients who are admitted the more patients who will be remaining for the given number of days, at least up through two years hospitalization. The more patients admitted, the greater the number of patients who will receive short hospitalization, but also the greater the number of patients who will receive long hospitalization (up to two years).

While this might seem to be obvious, this relationship need not be

inevitable. For example, it could be that increased admissions result in more short hospitalization, but fewer long hospitalizations, beccause of the current national trends toward shorter hospitalization.

In conclusion in October, 1970, we once again attempted to predict the mean census for 1971 using the data from the past seven years as a basis for the prediction. The prediction was based upon the observed starting census on October 1, 1970 and the mean change from month to month. Using this method an average census of 207.9 was predicted for the whole year period. (For the period of October 1, 1970 – May, 1970 an average of 215.7 was predicted. This is very close to the actual figure of 217.1 which has been observed during the first seven months of the year.)

RICHARD LONGABAUGH, ED.D.
Chief, Social Service Department

NANCY MESSOM, M.A.
Research Assistant

TABLE I – ADMISSIONS 1969-1970
BY PREVIOUS HOSPITAL EXPERIENCE, SEX, AND RELATED OTHER CHARACTERISTICS

SCHEDULE A: SOURCE	*1st to Any* M	F	T	%	*1st to McLean* M	F	T	%	*Readm. to McLean* M	F	T	%	*Total Admissions* M	F	T	%
Home	61	66	127	69	22	39	61	50	17	32	49	64	100	137	237	62
General Hospital	11	17	28	15	5	7	12	10	2	6	8	11	18	30	48	13
Psychiatric Hospital	0	0	0	0	10	24	34	28	4	1	5	7	14	25	39	10
Other and Not Determined	13	17	30	16	7	8	15	12	10	4	14	18	30	29	59	15
Total	85	100	185	100	44	78	122	100	33	43	76	100	162	221	383	100
SCHEDULE B: DIAGNOSIS																
Psychoses Associated with Organic Brain Syndromes	4	8	12	7	0	1	1	1	1	1	2	3	5	10	15	4
Non-psychotic Organic Brain Syndromes	6	4	10	6	0	0	0		0	2	2	3	6	6	12	3
Mental Retardation	0	0	0	0	0	0	0		0	0	0		0	0	0	
Schizophrenia	39	46	85	46	34	44	78	64	14	23	37	49	87	113	200	52
Major Affective Disorders	3	6	9	5	0	4	4	3	1	4	5	6	4	14	18	5
Paranoid States	1	3	4	2	0	0	0		0	0	0		1	3	4	1
Neuroses	3	3	6	3	4	3	7	6	3	0	3	4	10	6	16	4
Personality Disorders and Special Symptoms	13	10	23	12	3	13	16	13	9	9	18	24	25	32	57	15
Transient Situational Dist.	6	9	15	8	2	2	4	3	2	1	3	4	10	12	22	6
Other Psychoses	10	11	21	11	1	11	12	10	3	3	6	7	14	25	39	10
Total	85	100	185	100	44	78	122	100	33	43	76	100	162	221	383	100
SCHEDULE C: AGES																
12-20	30	29	59	32	23	22	45	37	6	3	9	12	59	54	113	30
21-30	22	19	41	22	12	22	34	28	8	12	20	26	42	53	95	25
31-40	10	16	26	14	5	10	15	12	6	6	12	16	21	32	53	14
41-50	8	10	18	10	2	14	16	13	6	10	16	21	16	34	50	13
51-60	4	5	9	5	1	4	5	4	3	5	8	10	8	14	22	6
61-70	2	7	9	5	1	4	5	4	4	5	9	12	7	16	23	6
71-80	7	7	14	7	0	2	2	2	0	2	2	3	7	11	18	4
81-and up	2	7	9	5	0	0	0	0	0	0	0		2	7	9	2
Total	85	100	185	100	44	78	122	100	33	43	76	100	162	221	383	100

McLEAN

TABLE II – PATIENT POPULATION 196

CHARACTERISTIC		Beginning of Year October 1, 1969				Admitted During Year			
Total Number		In Hospital – 213 On Visit – 110				323			
SEX	Male	151		47%					
	Female	172		53%					
AGE		M	F	T	%	M	F	T	%
	12-20	66	44	110	34	59	54	113	30
	21-30	43	50	93	29	42	53	95	25
	31-40	19	23	42	13	21	32	53	14
	41-50	9	19	28	9	16	34	50	13
	51-60	5	12	17	5	8	14	22	6
	61-70	5	11	16	5	7	16	23	6
	71-80	1	11	12	4	7	11	18	4
	81-Up	3	2	5	2	2	7	9	2
	Total	151	172	323	100	162	221	383	100
DIAGNOSES									
Psychoses associated with Organic Brain Syndromes		5	2	7	2	5	10	15	4
Non-psychotic Organic Brain Syndrome		2	8	10	3	6	6	12	3
Mental Retardation		0	0	0	0	0	0	0	0
Schizophrenia		71	96	167	52	87	113	200	52
Major Affective Disorders		7	11	18	6	4	14	18	5
Paranoid States		2	6	8	2	1	3	4	1
Neuroses		10	11	21	6	10	6	16	4
Personality Disorders and Special Symptoms		34	24	58	18	25	32	57	15
Transient Situational Disturbances		19	12	31	10	10	12	22	6
Other Psychoses		1	2	3	1	14	25	39	10
Total		151	172	323	100	162	221	383	100

HOSPITAL

-70 BY SELECTED CHARACTERISTICS

Discharged During Year				Remaining at End September 30, 1970				Change During Year		
	308			In Hospital – 209 On Visit – 140		349		–4 +30		+26
M	F	T	%	M	F	T	%	M	F	T
59	40	99	28	66	58	124	36	0	+14	+14
37	57	94	26	48	46	94	27	+ 5	– 4	+ 1
23	27	50	14	17	28	45	13	– 2	+ 5	+ 3
19	26	45	12	6	27	33	9	– 3	+ 8	+ 5
8	12	20	6	5	14	19	6	0	+ 2	+ 2
6	15	21	6	6	12	18	5	+ 1	+ 1	+ 2
7	12	19	5	1	10	11	3	0	– 1	– 1
3	6	9	3	2	3	5	1	– 1	+11	0
162	195	357	100	151	198	349	100	0	+26	+26
10	7	17	5	0	5	5	1	– 5	+ 3	– 2
6	6	12	3	2	8	10	3	0	0	0
0	0	0	0	0	0	0	0	0	0	0
58	93	151	42	100	116	216	62	+29	+20	+49
8	15	23	6	3	10	13	4	– 4	– 1	– 5
2	5	7	2	1	4	5	1	– 1	– 2	– 3
15	12	27	8	5	5	10	3	– 5	– 6	–11
37	36	73	20	22	20	42	12	–12	– 4	–16
18	8	26	8	11	16	27	8	– 8	+ 4	– 4
8	13	21	6	7	14	21	6	+ 6	+12	+18
162	195	357	100	151	198	349	100	0	+26	+26

TABLE III
DISCHARGES 1969-1970
BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	% Of Total
Home (Parental or Marital)	80	107	187	52
Psychiatric Hospital (or Psychiatric Wing of General Hospital)	31	29	60	17
General Hospital or Nursing Home	7	17	24	7
School	4	5	9	3
Foster Home	1	3	4	1
Deceased	5	6	11	3
Own Apartment	25	15	40	11
Others	9	13	22	6
Total	162	195	357	100
CONDITION				
Recovered	4	9	13	4
Much Improved	32	41	73	20
Moderately Improved	49	57	106	30
Slightly Improved	41	44	85	24
Unimproved	29	36	65	18
Worse	2	1	3	1
Deceased	5	7	12	3
Total	162	195	357	100
LENGTH OF HOSPITALIZATION ON BOOKS				
1- 10 Days	11	17	28	8
11- 30 Days	12	15	27	8
31- 90 Days	48	58	106	30
91-180 Days	18	27	45	12
181-365 Days	18	27	45	12
1- 2 Years	30	35	65	18
2- 5 Years	21	13	34	10
5 and Over	4	3	7	2
Total	162	195	357	100
LENGTH OF HOSPITALIZATION IN RESIDENCE				
1- 10 Days	11	17	28	8
11- 30 Days	18	19	37	10
31- 90 Days	51	71	122	34
91-180 Days	24	29	53	15
181-365 Days	23	32	55	16
1- 2 Years	26	17	43	12
2- 5 Years	6	5	11	3
5 and Over	3	5	8	2
Total	162	195	357	100

McLean Hospital
STATEMENT OF DIRECTOR'S EQUITY
September 30, 1970

ASSETS

Cash		224,231.68
Accounts Receivable – Patients		
Current Month Billing	608,217.49	
In House Accounts Overdue	951,208.16	
Discharged Accounts	568,002.75	
Due From Medicare	82,789.21	
Outpatient Clinic	33,304.95	
Total	2,243,522.56	
Less Reserves for Doubtful Accounts	195,220.47	2,048,302.09
Accounts Receivable – Miscellaneous		8,153.49
Inventories – Materials and Supplies		108,056.69
Prepaid Items		4,317.76
TOTAL ASSETS		2,393,061.71

LIABILITIES

Accounts Payable	322,312.67	
Federal and State Taxes Payable	76,139.78	
Deferred Income – Special Funds	89,643.00	
Reserve for Workmen's Compensation	8,826.04	
Blue Cross/Blue Shield Premiums Payable	1,602.74	
Fiduciary Exchange Accounts	(362.09)	
TOTAL LIABILITIES		498,162.14

TREASURER'S EQUITY

Treasurer's Equity 9/30/69		1,315,431.32	
Add: Cash from Treasurer (Year to Date)		2,175,000.00	
Cumulative Depreciation (Year to Date)		290,229.25	
TOTAL		3,780,660.57	
Less: Operating Surplus or (Deficit)	(274,422.21)		
Disbursements-Special Funds (Year to Date)	(1,072,778.38)		
Disbursements-Capital Additions (Year to Date)	(538,560.41)	(1,885,761.00)	
Treasurer's Equity as of 9/30/70			1,894,899.57
TOTAL LIABILITIES AND TREASURER'S EQUITY			2,393,061.71

McLean Hospital
OPERATING STATEMENT

	Current Year *October 1, 1969 Sept. 30, 1970*	*Previous Year* *October 1, 1968 Sept. 30, 1969*
CENSUS		
Patient Days	77,144	80,223
Average Daily Census	211	220
Percent of Occupancy (Complement of 258 beds)	82	86
INCOME		
Room and Care	6,223,118.96	5,686,448.96
Day Care and Night Care	423,852.00	370,962.00
Outpatient Clinic	218,931.50	192,168.00
Other Patient Income	949,519.33	836,731.85
Other Non-Patient Income	414,059.65	376,944.60
TOTAL OPERATING INCOME	8,229,481.44	7,463,255.41
DEDUCTIONS FROM INCOME		
Free Service-In Patients	198,691.50	218,739.83
Free Service-Day and Night Care	15,446.00	39,334.00
Free Service-Outpatient Clinic	121,756.09	117,308.17
Medicare Allowance	24,470.86	30,671.76
Courtesy Allowance	11,444.92	12,200.00
Provision for Doubtful Accounts	120,132.48	105,747.00
TOTAL DEDUCTIONS FROM INCOME	491,941.85	524,000.76
NET OPERATING INCOME	7,737,539.59	6,939,254.65
EXPENSES		
Salaries and Wages (Nursing)	2,373,797.85	2,159,808.16
Salaries and Wages (Other)	3,573,706.47	3,085,134.26
Supplies	639,653.83	585,717.91
Outside Services	403,706.67	378,458.74
Depreciation	290,229.25	254,913.76
Other Expenses	717,696.34	526,455.61
TOTAL EXPENSES	7,998,790.41	6,990,488.44
OPERATING SURPLUS OR (DEFICIT)	(261,250.82)	(51,233.79)
Correction of Prior Years Losses	(13,171.39)	–
Total (Deficit) for fiscal Year	(274,422.21)	(51,233.79)
OTHER INCOME		
Treasurer's Income	103,059.78	98,344.28
Less Treasurer's Expense	27,229.41	27,233.06
NET TREASURER'S INCOME	75,830.37	71,111.22
NET SURPLUS OR (DEFICIT)	(198,591.84)	19,877.43

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).
McLean Hospital is indicated by (McL).

The following abbreviations are used:

B.C.H. – Boston City Hospital, 818 Harrison Ave., Boston, Mass.
B.H.H.C. – Bunker Hill Health Center, 73 High Street, Charlestown, Mass.
B.I.H. – Beth Israel Hospital, 330 Brookline Ave., Boston, Mass.
B.L.I. – Boston Lying-In Hospital, 221 Longwood Ave., Boston, Mass.
B.U.H. – Boston University Hospital, 750 Harrison Ave., Boston, Mass.
C.H.M.C. – Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass.
D.S.H. – Danvers State Hospital, 450 Maple Street, Danvers, Mass.
H.M.S. – Harvard Medical School, 25 Shattuck Street, Boston, Mass.
H.S.D.M. – Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass..
H.S.P.H. – Harvard School of Public Health, 55 Shattuck Street, Boston, Mass.
L.S.H. – Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass.
McL. – McLean Hospital, 115 Mill Street, Belmont, Mass.
M.E.E.I. – Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass.
M.G.H. – Massachusetts General Hospital, Fruit Street, Boston, Mass.
M.I.T. – Massachusetts Institute of Technology, Cambridge, Mass.
M.M.H.C. – Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass.
N.E.C.H. – New England Center Hospital, 185 Harrison Avenue, Boston, Mass.
N.E.D.H. – New England Deaconess Hospital, 171 Harrison Avenue, Boston, Mass.
P.B.B.H. – Peter Bent Brigham Hospital, 721 Huntington Avenue, Brookline, Mass.
R.B.B.H. – Robert Breck Brigham Hospital, 125 Parker Hill Avenue, Roxbury, Mass.
R.F. – Retina Foundation, 20 Staniford Street, Boston, Mass.
S.B.I. – Shriners Burns Institute, 41 Blossom Street, Boston, Mass.
V.A.H. (W.R.) – Veterans Administration Hospital, West Roxbury, Mass.

*Aaronson, Leroy D.
Assistant in Dermatology
560 Tollgate Road, Warwick, R.I. 02905

*Abbott, John A., *Psychiatry* '35
Board of Consultation; Consultant in Electroencephalography (McL)
Zero Emerson Place, Boston, Mass. 02114

*Abbott, William M., *Surgery* '71
Chief Resident, Surgery
M.G.H.

*Abel, Ronald M., *Surgery* '71
2nd Assistant Resident, Surgery
M.G.H.

*Aber, Robert C.
Intern in Medicine
M.G.H.

*Abernethy, Robert S.
Assistant Resident, Psychiatry
M.G.H.

Abi-Torbey, Khalill, *Urology* '62
Immeuble Tabet, rue Abdel Wahab el Inglizi, Beirut, Lebanon

Abrahamian, H. Arto, *Anesthesia* '56
Grace-New Haven Community Hospital, New Haven, Conn. 06504

*Abrahams, Saliem M.
Assistant Resident, Anesthesia
M.G.H.

Abramowicz, Mark, *Children's* '62
Bronx Municipal Hospital, Bronx, N.Y. 10461

*Abramowitz, Harold
Clinical Associate, Psychiatry
Zero Emerson Place, Boston, Mass. 02114

Abramson, Maxwell
Maxillo-Facial Surgery
University of Iowa
Iowa City, Iowa

*Acher, Aureliu, J.
Research Fellow in Neurology
M.G.H.

Acheson, George H., *Medicine* '39
University of Cincinnati College of Medicine
Cincinnati, Ohio 45291

Ackerman, A. Bernard, *Dermatology* '68
University of Miami School of Medicine
Miami, Fla. 33152

*Ackerman, Irving P., *Medicine* '55
1960 North Edgemont St., Los Angeles, Calif. 90027

*Ackerman, Robert H.
Research Fellow in Neurology
M.G.H.

Ackroyd, Frederick W., *Surgery* '63
23 Coolidge Hill Road, Cambridge, Mass. 02108

*Adams, F. Dennette, *Medicine* '18
Honorary Physician
266 Beacon Street, Boston, Mass. 02215

Adams, Herbert D., *Surgery* '34
605 Commonwealth Avenue, Boston, Mass. 02215

*Adams, John, Jr.
Board of Consultation, Dermatology
704 Huntington Avenue, Boston, Mass. 02115

Adams, John E., *Pathology* '62
1311 Doves Cove Road, Townson, Md. 21204

Adams, Levi C.
Bio-Medical Dev. Officer
Brown University
Providence, R.I. 02912

Adams, Patricia C., *Children's* '70
C.H.M.C.

Adams, Raymond A., *Neurology* '51
1100 W. Franklin Street, Richmond, Va. 23225

*Adams, Raymond D., *Neurology* '39
Chief of Neurological Service; Neuropathologist
M.G.H.

Adamson, Gilbert L., *Neurology* '30
Winnipeg Clinic
Winnipeg, Manitoba, Canada

*Adelson, William J.
Clinical Associate in Pediatrics
Sudbury Medical Center, 616 Boston Post Road, South Sudbury, Mass. 01776

*Adler, Morris H.
Attending Psychiatrist (McL)
130 Washington Street, Newton, Mass. 02158

Adler, Scott, *Orthopedic* '59
4105 Silver St., S.E., Albuquerque, N.M. 87108

*Aeschliman, Barbara L.
Assistant Attending Psychiatrist (McL)
94 Hammond Street, Cambridge, Mass. 02138

Africa, Bruce B., *Medicine* '70
Duke University
Dept. of Medicine
North Carolina

*Agranat, Barry J., *Dental Medicine* '65
Associate Visiting Oral Surgeon
45 Nahant Street, Lynn, Mass. 01902

*Agular, Steve G., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
B.I.H.

*Agus, Saul G., *Medicine* '70
271 Congressional Lane, Rockville, Md.

Ahnlund, Nels W., *Orthopedic* '43
241 E. Santa Clara Street, San Jose, Calif. 95113

*Aisenberg, Alan C.
Associate Physician M.G.H.

*Akins, Carlton, M.
Assistant Resident, Orthopedic Surgery
M.G.H.

*Akins, Cary W.
Intern in Surgery
M.G.H.

*Al-Bazzaz, Faiq J.
Clinical & Research Fellow, Medicine
M.G.H.

Albright, Edwin C., *Medicine* '42
University of Wisconsin Hospital,
Madison, Wis. 53706

*Albright, Nile L., *Surgery* '69
3920 Harrison Avenue, N.W.,
Washington, D.C. 20015

Albuquerque, Paulo F., *Urology* '44
Rua Voluntarios da Patria 435-30
andar. (Botafogo)
Rio de Janeiro, Brazil

Aldredge, Horatio R., III, *Neurology* '69
3326 Quakertown Drive, San Antonio,
Texas 78230

Aldredge, Kay F., *Anesthesia* '69
3326 Quakertown Drive,San Antonio,
Texas 78230

Alexander, William, *Psychiatry* (McL) '68
311 Union Street, San Francisco, Calif.
94133

Alexander, William H., *Surgery* '23
Commercial National Bank Building
Iron Mountain, Mich. 49801

*Ali, Hassan H.
Clinical Fellow, Anesthesia
M.G.H.

*Allen, David W., *Medicine* '56
Assistant in Medicine M.G.H.

Allen, Henry F., *Surgery* '43
200 Beacon Street, Boston, Mass.02116

Allison, Charles R., *Medicine* '40
15 Prince Street, Rochester, N.Y.14607

*Allred, Robert L.
Clinical & Research Fellow, Orthopedic
Surgery
M.G.H.

*Allukian, Myron, Jr.
Assistant in Oral Surgery
B.H.H.C.

*Alonso, Anne W.
Graduate Student Assistant, Psychiatry
M.G.H.

Alpers, David H., *Medicine* '62
Washington University School of
Medicine, St. Louis, Mo. 63110

*Alpert, M. Elliot
Assistant in Medicine
M.G.H.

Alston, Edwin F., *Pathology* '45
2345 California Street, San Francisco,
Calif. 94115

Alt, Richard E., *Surgery* '33
343 Dodge Street, Beverly, Mass. 01915

*Altschule, Mark D.
Consulting Staff (McL)
McL.

*Amano, Kazuyoshi
Research Fellow, Neurosurgery
M.G.H.

Amati, Jacqueline M., *Psychiatry* (McL) '64
Laboratorio Internazionale di Genetica e Biofisica, Via Claudio 1, Naples, Italy

*Ames, Adelbert, III
Neurophysiologist, Neurosurgery
M.G.H.

Amick, Arthur F., *Medicine* '58
12 Grove Street, Cambridge, N.Y. 12816

*Anders, Terry R.
Research Fellow in Psychology, Psychiatry
M.G.H.

Andersen, Erik W., *Anesthesia* '48
Gentofte Hospital
Hellerup, Denmark

*Anderson, Elroy E., *Children's* '60
Clinical Associate in Pediatrics
Keveney Lane, Yarmouthport, Mass. 02675

Anderson, Erna G., *Children's* '43
Medical Department
Eastman Kodak Company
1669 Lake Avenue, Rochester, N.Y. 14615

Anderson, H. Clarke, *Pathology* '59
Downstate Medical Center
Brooklyn, N.Y. 11203

Anderson, Randolph L., *Orthopedic* '27
1207 Upper Ridgeway Road, Charleston, W. Va. 25314

*Anderson, William H., *Psychiatry* '69
Assistant Resident, Psychiatry
M.G.H.

Andrew, Norman W., *Anesthesia* '56
78 Revere Street, Boston, Mass. 02114

Andros, George, *Surgery* '69
Medical Center Building
Spokane, Washington 99204

*Angley, John C.
Assistant Physician
4 School Street, Bryantville, Mass. 02327

*Annino, Donald J.
Clinical Associate in Pediatrics
175 Washington Street, Winchester, Mass. 01890

Anthonisen, Margaret R., *Psychiatry* (McL) '34
Mary Hitchcock Memorial Hospital
Hanover, N.H. 03755

Anthonisen, Niels L., *Psychiatry* (McL) '32
Veterans Administration Hospital
White River Junction, Vt. 05001

*Appel, Eugene L., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

*Appel, Stanley H., *Medicine* '61
3718 Randolph Road, Durham, N.C. 27705

Aranas, Arturo, L., *Psychiatry* (McL) '61
Victoria Mental Health Center
2328 Trent Street, Victoria, B.C., Canada

*Armstrong, Paul W.
Clinical & Research Fellow, Medicine
M.G.H.

*Arnason, Barry G.W., *Neurology* '59
Associate Neurologist M.G.H.

*Arndt, Kenneth A., *Dermatology* '64
Clinical Associate, Dermatology
B.I.H.

Arnstein, A. Robert, *Medicine* '57
285 Hawthorne Road, Birmingham, Michigan 48009

*Aronow, Saul
Associate Applied Physicist, Medicine
M.G.H.

Arrowood, Julia G., *Anesthesia* '36
440 E. Mass. Ave., Southern Pines, N.C. 28387

Arthur, Ransom J., *Children's* '52
4961 Ocean Blvd., San Diego, Calif. 92109

Arzimanoglu, Anthony A., *Orthopedic* '52
1 Neofytoy Vamva, Athens, Greece

Asbury, Arthur K., *Medicine* '60, Pathology '62, *Neurology* '63
V.A. Hospital, 42nd Ave. and Clement Street
San Francisco, Calif. 94121

*Aserkoff, Bernard R.
Clinical & Research Fellow, Medicine
M.G.H.

Ash, Homer L., *Dental Medicine* '62
127 Washington Street, Keene, N.H. 03431

Asher, Marc A., *Orthopedic* '70
U. of Texas Medical School, 7703 Floyd Curl Drive, San Antonio, Texas 78230

Ashworth, Michael A., *Orthopedic* '66
217 Bath Road, Kingston, Ontario, Canada

Aster, Richard H., *Medicine* '59
B.C.H.

*Aström, Karl E.
Associate Neuropathologist, Neurology and Pathology M.G.H.

Atherton, L. Douglas, *Urology* '52
Medical Towers Building
Louisville, Ky. 40202

Atherton, Stephen O., *Children's* '69
Route 2
Talihina, Okla. 74571

*Atkins, Leonard, *Pathology* '55
Associate Pathologist M.G.H.

Atkinson, Arthur J., Jr., *Medicine* '65
National Institutes of Health
Bethesda, Md. 20014

*Atkinson, John P.
Assistant Resident, Medicine
M.G.H.

*Atkinson, Kenneth H.
Assistant Resident, Surgery
M.G.H.

Atsatt, Rodney F., *Orthopedic* '26
4572 Thacher Road, Ojai, Calif. 93023

*Aub, Joseph C., *Medicine* '17
Honorary Physician
233 Prospect Street, Belmont, Mass. 02178

*Aufranc, Otto E., *Orthopedic* '39
Visiting Orthopedic Surgeon
266 Beacon Street, Boston, Mass. 02116

Aufranc, St. George T., *Surgery* '70
85 Beechwood Road, Wellesley, Mass. 02181

*Austen, K. Frank, *Medicine* '61
Board of Consultation, Medicine
R.B.B.H.

*Austen, W. Gerald, *Surgery* '60
Chief of the General Surgical Services
M.G.H.

*Austin, Richard C., *Surgery* '56
Clinical Associate, Surgery
Concord Medical Center,
Concord, Mass. 01742

*Autor, Sherry B.
Assistant Psychologist, Psychiatry
M.G.H.

Averill, James H., *Medicine* '47
264 Elm Street, Northampton, Mass. 01060

*Avruch, Joseph
Research Fellow in Medicine
M.G.H.

Ayers, William B., *Surgery* '43
1554 Northern Blvd., Manhasset, Long Island, N.Y.

Ayres, Samuel, Jr., *Medicine* '20
2007 Wilshire Blvd., Los Angeles, Calif. 90057

*Axelrod, Lloyd
Resident in Medicine
M.G.H.

*Babad, Yael E.
Clinical & Research Fellow, Psychiatry
M.G.H.

Babb, Joseph D., *Medicine* '68
Burke Army Medical Center,
Fort Sam Houston, Texas 78234

Babineau, Jean P., *Anesthesia* '70
U.S.P.H.S. Indian Hospital, Indian School Rd. & 16th Street, Phoenix, Arizona

Backman, John H., *Psychiatry* (McL) '64
U.S.A.F. Hospital
Carswell Air Force Base
Texas 76127

Bacon, William B., *Pathology* '51
South Hamilton, Mass. 01982

Badal, Daniel W., *Psychiatry* '42
11328 Euclid Avenue, Cleveland, Ohio 44106

Baddock, Sheldon S., *Pathology* '66
St. Vincent's Hospital
153 West 11th Street, New York, N.Y. 10011

*Baden, Howard P., *Dermatology* '60
Associate Dermatologist
M.G.H.

*Badger, Theodore L., *Medicine* '28
Honorary Physician
264 Beacon Street, Boston, Mass. 02116

*Bagdasarian, Andranik
Research Fellow, Medicine
M.G.H.

*Bagshaw, Joseph C.
Research Fellow in Biochemistry (Surgery)
S.B.I.

Bailey, David W., *Children's* '60
14 Kentbury Way, Bethesda, Md. 20014

Bailey, Nelson E., *Dental Medicine* '64
106 W. Pine Street, Selinsgrove, Pa. 17870

*Bain, Jane
Assistant Attending Psychiatrist (McL)
330 Dartmouth Street, Boston, Mass. 02116

Bakay, Louise, *Neurosurgery* '51
Edward J. Meyer Memorial Hospital, Buffalo, N.Y. 14215

Baker, Charles R.F., Jr., *Surgery* '65
1 Mason Court, Charleston, S.C. 29403

Baker, Dudley M., *Orthopedic* '62
304 South Street, Bennington, Vt. 05201

*Baker, Edward P., Jr., *Neurosurgery* '64
Clinical Associate, Neurosurgery
61 Libby Street, Brockton, Mass. 02402

Baker, George P., *Medicine* '61
Associate Physician M.G.H.

Baker, Myles P., *Medicine* '30
Board of Consultation, Medicine
262 Beacon Street, Boston, Mass. 02116

Baker, Russell L., *Neurology* '43
1020 S.W. Taylor Street, Portland, Ore. 97205

Baker, William G., Jr., *Medicine* '64
501-11th Street N., St. Petersburg, Fla. 33705

*Baker, William H.
Physician M.G.H.

Baker, William J., *Surgery* '43
724 Main Street, Laconia, N.H. 03246

*Balboni, Victor G., *Medicine* '42
Assistant Physician M.G.H.

*Balch, Franklin G., Jr., *Surgery* '25
Honorary Surgeon
24 Coolidge Avenue, Cambridge, Mass. 02138

Baldamus, Conrad A., *Surgery* '71
Medizinische Hochschule Hannover
Innere Medizin
Dept. of Nephrology
3000 Hanover-Kleefeld, Germany

*Baldessarini, Ross J.
Assistant Psychiatrist
M.G.H.

Baldwin, Wayne E., *Anesthesia* '68
I.C.R.C. Box 1161, Lagos, Nigeria

Ball, Robert E., *Psychiatry* (McL) '59

*Ballantine, H. Thomas, Jr., *Surgery* '41
Neurosurgery '41
Visiting Neurosurgeon M.G.H.

Ballard, Fred B., Jr., *Medicine* '58
406 Medical Arts Building, Chattanooga, Tenn. 37402

Bandeian, Alice M., *Anesthesia* '44
210 Pine Street, Holyoke, Mass. 01041

Bandler, Bernard, *Psychiatry* '41
B.U.H.

Banker, Betty Q., *Neuropathology* '54
Cleveland Metropolitan General Hospital, Cleveland, Ohio, 44109

Banks, Henry H., *Orthopedic* '52
P.B.B.H.

Banks, Rafe, Jr., *Surgery* '43
290 Enota Drive, N.E., Gainesville, Ga. 30501

*Banquet, Jean-Paul
Research Fellow in Psychiatry
M.G.H.

*Barber, Doris E.
Clinical Assistant in Medicine
Middlesex County Hospital
Waltham, Mass. 02154

Barekat, Ali A., *Surgery* '67
Saadi Hospital
Shiraz, Iran

Baringer, J. Richard, *Medicine* '61, *Neurology* '66, Pathology '65
Veterans Administration Hospital
42nd Ave., & Clement Street
San Francisco, Calif. 94121

*Barker, Robert H., *Surgery* '37
Clinical Associate in Obstetrics, Gynecology
454 Brookline Ave., Boston, Mass 02215

Barlow, John F., *Pathology* '63
320 East 21st St., Sioux Falls, S.D. 57105

*Barlow, John S.
Neurophysiologist, Neurology
M.G.H.

Barlow, Joseph J., *Medicine* '55
B.L.I.

*Barnes, Ann R., *Surgery* '64
Assistant in Surgery
M.G.H.

*Barnes, Benjamin A., *Surgery* '52
Assistant Surgeon
M.G.H.

*Barrett, John P., Jr.
Assistant Resident, Orthopedic Surgery
M.G.H.

Barnett, Charles G., *Medicine* '54
384 Post St., San Francisco, Calif. 94108

*Barnett, G. Octo
Assistant Physician M.G.H.

Barnett, Thomas B., *Medicine* '50
University of North Carolina School of Medicine, Chapel Hill, N.C. 27515

Barondes, Samuel H., *Psychiatry* (McL) '65
Albert Einstein College of Medicine, Bronx, N.Y. 10461

*Barr, Joseph S., Jr., *Orthopedic* '68
Assistant in Orthopedic Surgery
M.G.H.

Barrett, Peter Van D., *Medicine* '66
29377 Quail Wood Dr., Palos Verdes Peninsula, Calif. 90274

Barretto, Oscar de F., *Anesthesia* '44
Rua Armando Penteado 356
(Pacaembu), Sao Paulo, Brazil

*Barrie, Joseph R., *Surgery* '65
Clinical Assistant in Surgery
John Cuming Building
Concord, Mass. 01742

*Barron, Kenneth G.
Assistant Resident, Surgery
M.G.H.

Barrow, David W., *Surgery* '37
116 W. Silver Spring Drive, Milwaukee, Wis. 53217

Barrows, Lawrence J., *Neurology* 52, *Neuropathology* '53
Bridgewater State Hospital
Bridgewater, Mass. 02324

*Barry, Herbert J., Jr., *Psychiatry* '44
Honorary Physician
3 Hawthorne Place, Boston, Mass. 02114

Barry, Richard M., *Medicine* '57
464 Ocean Avenue, New London, Conn. 06320

Barsch, John H., *Anesthesia* '66
250 E. Superior Street, Chicago, Ill. 60611

Barsh, Laurence I., *Dental Medicine* '62
The Fairfield-Plaza, 790 Boylston Street, Prudential Center, Boston, Mass. 02199

Barss, Theodore P., *Anesthesia* '50
332 Windsor Ave., Medford, Ore. 97501

Barth, Tucker A., *Orthopedic* '57
2420 N. California Street
Stockton, Calif. 95204

*Bartlett, Marshall K., *Surgery* '31
Visiting Surgeon M.G.H.

Bartlett, Walter M., *Children's* '27
125 Michigan Avenue, Decatur, Ga.

Barton, Lyman G., Jr., *Surgery* '14
132 Court Street, Plattsburg, N.Y. 12901

Barton, Robert W., *Medicine* '69
National Institutes of Health
Bethesda, Md. 20014

Barton, Theodore C., *Surgery* '64
B.L.I.

*Bashir-Farahmand, Jaleh
Clinical & Research Fellow, Surgery
M.G.H.

Bate, John T., *Urology* '25
301 W. Ormsby Avenue, Louisville, Ky. 40203

Batt, Richard C., *Radiology* '40
83 Park Street, Glen Falls, N.Y.

Battat, Felix A., *Orthopedic* '61
2625 Park Avenue, Concord, Calif. 94520

*Battit, George E., *Anesthesia* '61
Associate Anesthetist
M.G.H.

Baue, Arthur E., *Surgery* '61
216 South Kingshighway, St. Louis, Mo. 63110

Bayer, Frank L., *Pathology* '41
Box 164, Hookstown, Pa. 15050

*Bauman, Margaret L.
Clinical & Research Fellow, Neurology
M.G.H.

*Bauman, Roger A.
Clinical Assistant in Radiology
M.G.H.

Baumgartner, Donavin A., Jr., *Surgery* '61
3627 Runnymede Blvd., Cleveland Heights, Ohio 44121

Bautista, Florosa A., *Children's* '58
Veterans Memorial Hospital
Quezon City, P.I.

Baxter, Cecil F., *Surgery* '46
608 Venice Medical Center
Venice, Fla. 33595

Beaman, George B., *Psychiatry* (McL) '36
Page Road, New London, N.H. 03257

Bean, Margaret H.
M.M.H.C.
Boston, Mass.

*Beck, Clyde H., Jr.
Assistant in Medicine
M.G.H.

Beck, Laurence H., *Medicine* '68
5 Willing Way
Westover Road, Wilmington, Del. 1980

*Beck, William S.
Associate Physician; Director of Clinical Laboratories
M.G.H.

*Becker, Karl E., Jr.
Assistant Resident, Anesthesia
M.G.H.

Becker, Lewis C., *Medicine* '68
The Johns Hopkins Hospital
601 N. Broadway Street, Baltimore, Md. 21205

*Beckman, Edwin
Intern in Pathology
M.G.H.

Bedell, Richard F., *Children's* '58
1255 East Ridge Avenue, Boulder, Colo. 80302

Bedell, Wallace C., *Surgery* '45
168 S. Cherry Street, Poughkeepsie, N.Y. 12601

*Beecher, Henry K., *Surgery* '36
Visiting Anesthetist
101 Chestnut St., Boston, Mass. 02108

Beeman, Carl B., *Pathology* '54
515 Lakeside Drive, Grand Rapids, Mich. 49506

Behrendt, Douglas M., *Surgery* '69
105 Clare Court
Judd Street, London, W.C.1. England

*Behringer, Glenn E., *Surgery* '52
Associate Visiting Surgeon; Chief of Surgical Clinic
M.G.H.

*Beierholm, Edward A.
Assistant Resident, Anesthesia
M.G.H.

Beisaw, Norman E., *Orthopedic* '68
C.H.M.C.

*Beiser, Morton
Assistant Psychiatrist
M.G.H.

Bell, Carol A., *Pathology* '65
Cedars-Sinai Medical Center, 4833 Fountain Avenue, Los Angeles, Calif. 90092

*Bell, Eugene
Consultant in Biophysics, Neurosurgery
M.I.T.

*Bell, George C.
Assistant Resident, Anesthesia
M.G.H.

Bell, George O., *Medicine* '36
31 Priscilla Road, Wellesley Hills, Mass. 02181

Bell, James P., *Orthopedic* '59
605 N.W. 10th Street, Oklahoma City, Okla. 73103

Bell, John F., *Orthopedic* '41
115 Colchester Avenue, Burlington, Vt. 05402

Bell, John W., *Surgery* '46
Veterans Administration Hospital
Seattle, Wash.

Bell, Michael H., *Orthopedic* '63
10/3195 Granville Street, Vancouver, B.C., Canada

*Bellinger, Martin J.
Clinical Associate, Surgery
114 Waltham Street, Lexington, Mass. 02173

Belsasso, Guido, *Psychiatry* '62, *Psychiatry* (McL) '63
Av. Mexico 37-602
Mexico 11, D.F., Mexico

*Belsey, Richard E.
Clinical & Research Fellow, Medicine
M.G.H.

*Benda, Clemens E.
Honorary Physician
52 Boylston Street, Cambridge, Mass 02138

Bendheim, Otto L., *Medicine* '38
5051 N. 34th Street, Phoenix, Ariz. 85018

*Bendt, Richard H.
Assistant Psychiatrist (McL)
McL.

*Benedict, Edward B., *Surgery* '26
Honorary Surgeon
24 Essex Road, Chestnut Hill, Mass. 02167

*Benedict, Karl T., Jr., *Radiology* '70
Chief Resident, Radiology
M.G.H.

*Benedict, Patricia H.
Assistant in Medicine
24 Essex Road, Chestnut Hill, Mass. 02167

Bengle, Armand L., Jr., *Surgery* '47, *Anesthesia* '51
2209 Webster Street, San Francisco, Cal. 94115

*Bennett, Doris R., *Children's* '52
Clinical Associate in Pediatrics
452 Pleasant Street, Malden, Mass. 02148

Bennett, Lillian F., *Children's* '52
2299 19th Avenue, San Francisco,Calif. 94116

*Bennett, Michael J.
Assistant in Psychiatry
M.M.H.C.

Bennett, Warren, *Medicine* '49
452 Pleasant Street, Malden, Mass. 02148

*Bennion, Lynn J.
Intern in Medicine
M.G.H.

*Benz, Ronald R., *Children's* '69
Resident, Children's Service
M.G.H.

*Bercovitch, Lionel G.
Assistant Resident, Medicine
M.G.H.

*Bercu, Barry B.
Assistant Resident, Children's Service
M.G.H.

*Berenberg, William
Consultant in Pediatrics
C.H.M.C.

*Berezin, Martin A.
Attending Psychiatrist (McL)
90 Forest Avenue, West Newton, Mass. 02165

Berg, Howard W., *Dermatology* '36
52 Euclid Avenue, Delmar, N.Y. 12154

Berg, Robert L., *Medicine* '50
University of Rochester School of Medicine and Dentistry
Rochester, N.Y. 14620

Berkheimer, George A., *Orthopedic* '41
325 N. Front Street, Harrisburg, Pa. 17101

Berlow, Stanley, *Children's* '54
Michael Reese Hospital
Chicago, Ill.

*Berman, Jane M.
Assistant Psychiatrist (McL)
McL.

*Bernstein, Jerrold G.
Clinical & Research Fellow, Medicine
M.G.H.

*Bernstein, Norman R., *Psychiatry* '54
Assistant Psychiatrist
M.G.H.

*Bernstein, Philip
Assistant Resident, Orthopedic Surgery
M.G.H.

*Bernstein, Stephen B., *Psychiatry* (McL) '69
N.I.M.H.
5454 Wisconsin Ave., Room 10C-01,
Chevy Chase, Md. 20015

Bertland, Alexander U.
Merck Institute for Therapeutic Research
West Point, Penn. 19486

*Beuscher, Ruth B., *Psychiatry* (McL) '55
Assistant Attending Psychiatrist (McL)
15 Agawam Road, Waban, Mass. 02168

Beuscher, William F., *Psychiatry* (McL) '55
1419 Beacon Street, Brookline, Mass. 02146

Bianco, Jesus A., *Surgery* '70
Quinta Bianysa
Avenida Rio Caura
Urbanizaction
"Cumbres de Curumo"
Caracas, Venezuela, S.A.

*Bianco, Marbella B.
Clinical & Research Fellow, Surgery
M.G.H.

Bice, David E., *Medicine* '70
Tufts Medical School
Boston, Mass.

Bickley, Donald W., *Medicine* '36
2001 Kimball Avenue, Waterloo, Iowa 50702

Biddinger, John E., *Psychiatry* (McL) '67
566 St. Paul Street, Denver, Colo. 80206

Bidwell, Robinson LeR., II, *Surgery* '43, *Neurosurgery* '49
31 Bramhall Street, Portland, Maine 04102

Bienvenu, Lester J., *Dermatology* '51
540 Chestnut Street, Manchester, N.H. 03101

Bierbaum, Benjamin E., *Orthopedic* '66
C.H.M.C.

Bigelow, Frederick S., *Medicine* '47
B.C.H.

Bilheimer, David W., *Medicine* '69
National Heart Institute
Bethesda, Md. 20014

Billig, Harvey E., Jr., *Orthopedic* '35
The Billig Clinic
401 Ross Street, Glendale, Calif. 91207

*Billote, Juanito B.
Clinical & Research Fellow, Pathology
M.G.H.

*Binger, Carl A.L., *Medicine* '15
Honorary Physician
21 Lowell Street, Cambridge, Mass. 02138

Binion, John T., *Medicine* '54
610 N. Washington Street, Dallas, Texas 75246

*Bird, Kenneth T., *Medicine* '44
Associate Physician
M.G.H.

Birger, Daniel, *Psychiatry* (McL) '67
1400 Waters Place, Bronx, N.Y. 10461

*Birnholz, Sasone
Assistant Resident, Radiology
M.G.H.

Bisgard, James D., *Surgery* '24
4239 Farnham Street, Omaha, Nebr. 68131

Bishop, Ronald C., *Medicine* '49
V.A. Hospital,
2215 Fuller Road, Ann Arbor, Mich. 48105

*Bittar, David A., *Anesthesia* '69
Assistant Resident, Anesthesia
M.G.H.

Bixby, H. Irving, *Surgery* '24
Sippewissett Road, Falmouth, Mass. 02541

*Black, Paul H., *Medicine* '61
Assistant Physician
M.G.H.

*Black, Peter M.
Intern in Surgery
M.G.H.

*Blacker, Edward
Assistant Psychologist, Psychiatry
M.G.H.

Blade, William R., *Radiology* '58
303 Isabel Drive, Santa Cruz, Calif. 95060

Blades, James F., *Neurosurgery* '37
4908 Monument Avenue, Richmond, Va. 23230

*Bland, Edward F., *Medicine* '29
Board of Consultation, Medicine
Zero Emerson Place, Boston, Mass. 02114

*Bland, John H.L.
Clinical Fellow, Anesthesia
M.G.H.

*Blank, Irvin H.
Associate Biochemist, Dermatology
M.G.H.

Blass, John P., *Medicine* '67
National Heart Institute
Bethesda, Md. 20014

*Blau, David
Associate Attending Psychiatrist (McL)
McL.

Blennerhassett, John B., *Pathology* '71
Prof. of Pathology
University of Otago
Dunedin, New Zealand

Bliss, Harry A., *Medicine* '47
1246 Maple Avenue, Evanston, Ill. 60432

*Bloch, Kurt J., *Medicine* '61
Associate Physician
M.G.H.

Block, Gordon L., *Urology* '50
8138 Fontaine Court, Cincinnati, Ohio 45236

*Block, Peter C., *Medicine* '66
Assistant in Medicine
M.G.H.

Blodgett, Frederic M., *Children's* '50
Yale University School of Medicine
New Haven, Conn. 06510

Blodgett, William H., *Orthopedic* '40
1612 Kales Building, Detroit, Mich. 48226

*Bloom, Edward R.
Assistant Podiatrist, Orthopedic
41 Winter Street, Boston, Mass. 02115

Bloomfield, Daniel K., *Medicine* '57
103 E. Michigan Ave., Urbana, Illinois

Blubaugh, Sidney A., *Anesthesia* '65
University of Kansas School of Medicine
Kansas City, Kan. 66105

*Boardman, Donnell W.
Clinical Assistant, Medicine
Acton Medical Associates, Acton, Mass. 01720

Bobroff, Lewis M., *Medicine* '70
Montefiore Hospital
Bronx, N.Y. 10467

*Bock, Arlie V., *Medicine* '24
Honorary Physician
75 Mt. Auburn Street, Cambridge, Mass. 02138

*Bode, Hans H.
Assistant Pediatrician
M.G.H.

Boerstling, Herbert, *Children's* '70
1972 Washington Street, Braintree, Mass. 02185

Boger, William P., *Medicine* '42
Dome Labs., Division Miles Labs., Inc.
400 Morgan Lane, West Haven, Conn. 06516

Bogoch, Samuel, *Psychiatry* (McL) '53
122 Carlton Street, Brookline, Mass. 02146

Bohning, Darle E., *Medicine* '70
Miami University, Physics Dept., Oxford, Ohio 05056

Bohrer, Stanley P., *Surgery* '59, *Radiology* '63
University College Hospital
Ibadan, Nigeria

Boivin, Maurice J., *Anesthesia* '61
135 Vermont Street, Holyoke, Mass. 01040

Boland, Arthur L., *Orthopedic* '67
C.H.M.C.

Boller, Charles, *Medicine* '29
267 Alexander Street, Rochester, N.Y. 14607

*Bonar, Lawrence C.
Research Fellow, Orthopedic Surgery
M.G.H.

*Bondoc, Conrado C.
Clinical & Research Fellow, Surgery
S.B.I.

*Bonier, Richard J.
Associate Psychologist (McL)
McL.

*Bonner, Frances J.
Assistant Psychiatrist
160 Lake Avenue, Newton Centre, Mass. 02158

Bonomo, Gregory R., *Children's* '67
43 The Hemlocks
Roslyn Estates, N.Y. 11576

Boone, John A., *Children's* '34
Medical College Hospital
55 Doughty St., Charleston, S.C. 29403

*Boos, Winfried
Assistant Biochemist in Biochemic Research
M.G.H.

Bora, F. William, Jr., *Orthopedic* '61
419 S. 19th Street, Philadelphia, Pa. 19146

*Borden, Spencer IV
Assistant Resident, Radiology
M.G.H.

Bordone, Lilia E., *Psychiatry* '70
Entre Rios, 830-50 B, Buenos Aires, Argentina

*Borer, Jeffrey S.
Assistant Resident, Medicine
M.G.H.

Bornstein, Allan M., *Pathology* '60
3314 Carwein Way, Louisville, Ky. 40220

Bornstein, Donald L., *Medicine* '62
University of Pennsylvania Hospital
Philadelphia, Pa. 19104

*Bornstein, Irving D., *Dermatology* '61
Assistant Psychiatrist (McL)
McL.

*Borrell, Leo J., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

Bosco, Harold F., *Dentistry* '46
233 Main St., New Britain, Conn. 06051

*Bost, Frederic W.
Assistant Resident, Orthopedic Surgery
M.G.H.

Bostic, William C., III, *Orthopedic* '64
320 Forsyth Medical Park
1900 South Hawthorne Rd., Winston-Salem, N.C. 27104

*Botstein, Paula M.
Intern, Children's Service
M.G.H.

*Bouton, Brian, *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
M.G.H.

Bowden, Lemuel, *Surgery* '42
177 E. 79th Street, New York, N.Y. 10021

Bowen Charles R., *Oral Surgery* '71
78 Laning Street, Apt. 7C-Bldg. 3,
Southington, Conn. 06489

Bower, Bruce F., *Medicine* '65
85 Jefferson Street, Hartford,Conn. 06103

Bower, Willis H., *Psychiatry* (McL) '49
Arizona State Hospital
2500 East Van Buren, Phoenix,Ariz. 85008

*Boyd, Robert J., *Orthopedic* '66
0 Emerson Place, Boston, Mass. 02114

Boyden, Allen M., *Surgery* '34
1216 S.W. Yamhill Street, Portland, Ore. 97205

Boyes, Joseph H., *Pathology* '30
2300 S. Hope Street, Los Angeles, Calif. 90007

*Bragg, Robert L.
Associate Psychiatrist
11 Chapel Place, Wellesley Hills, Mass. 02181

Brailey, Allen G., *Medicine* '30
1308 Walnut Street, Newton Highlands, Mass. 02161

Brannen, James O., *Psychiatry* '71
Georgia Mental Health Institute
1256 Briarcliff Rd., Atlanta, Georgia

Brannon, Leland C., *Neurosurgery* '55
3300 6th Avenue, San Deigo, Calif. 92103

*Braselton, W. Emmett
Research Fellow, Biochemistry (Medicine)
M.G.H.

Braudo, Joseph L., *Children's* '53
Michael Reese Hospital and Medical Center
29th Street and Ellis Ave., Chicago, Ill. 60616

*Brauner, Gary J., *Dermatology* '69
Clinical & Research Fellow, Acting Chief Resident, Dermatology
M.G.H.

*Brazelton, T. Berry, *Children's* '47
Clinical Associate in Pediatrics
51 Brattle Street, Cambridge, Mass. 02138

Breer, Robert D., *Children's* '57
17 Haynes Street, Manchester, Conn. 06040

Brendler, Samuel J., *Neurosurgery* '53
N.E.C.H.

*Brendze, Robert B.
Assistant in Orthopedic Surgery
Zero Emerson Place, Boston, Mass. 02114

Brenizer, Addison G., Jr., *Surgery* '44
1012 Kings Drive, Charlotte, N.C. 28207

Brennan, Charles G., *Orthopedic* '69
Salem Hospital
Salem, Mass. 01970

*Brenner, Joseph H., *Psychiatry* (McL) '61
41 Tennyson Road, Wellesley Hills, Mass. 02181

Brent, Robert L., *Children's* '55
Jefferson Medical College
Philadelphia, Pa. 19107

Breslow, Alexander, *Pathology* '59
George Washington University Hospital
Washington, D.C. 20037

Brewer, H. Bryan, Jr., *Medicine* '67
National Heart Institute
Bethesda, Md. 20014

Brewster, David C., *Surgery* '69
44 Edgar Nock Road, North Kingstown, R.I. 02854

Brewster, Henry H., *Medicine* '40
Stockton State Hospital
Stockton, Calif. 95202

Brewster, William R., Jr., *Anesthesia* '50
52 Ocean Avenue
Monmouth Beach, N.J. 07750

Bridge, Edward M., *Children's* '27
6603 Jerry Place, McLean, Va. 22101

*Bridges, Charles P.
Assistant Resident, Anesthesia
M.G.H.

*Briefer, Caesar, Jr., *Medicine* '63
Assistant Physician
Zero Emerson Place, Boston, Mass. 02114

Briggs, Burton A., *Anesthesia* '70
Dewitt Army Hospital, Fort Belvoir, Va. 22060

Brindley, Clyde O., *Medicine* '50
Veterans Administration Center
Mountain Home, Johnson City, Tenn. 37684

Brock, Benjamin L., *Children's* '23
310 Kramer St., Carrollton, Georgia 30117

Brockhurst, Robert J., *Medicine* '48
99 W. Cedar Street, Boston, Mass. 02114

*Brode, Marvin M.
Assistant Resident, Psychiatry
M.G.H.

*Broderick, Thomas F., Jr., *Orthopedic* '47
Clinical Associate, Orthopedic
697 Cambridge Street, Brighton, Mass. 02135

Brodkey, Jerald S., *Neurosurgery* '66
Case Western Reserve University
2065 Adelbert Road, Cleveland, Ohio 44106

*Broennle, A. Michael, Jr., *Anesthesia* '69
Chief Resident, Anesthesia
M.G.H.

*Brons, Ronald E.
Assistant Resident, Anesthesia
M.G.H.

Brooks, Leslie, *Psychiatry* (McL) '66
225 Taxter Road, Irvington, N.Y. 10533

Brooks, Peter T., *Surgery* '49
Walla Walla Clinic
Walla Walla, Wash. 99362

Broome, Robert A., Jr., *Medicine* '44
3 W. Columbia Street, Orlando, Fla 32806

Brown, Charles E., *Neurosurgery* '68
Meharry Medical College
Nashville, Tenn. 37208

Brown, Crawford S., *Dermatology* '52
8218 Wisconsin Avenue, Bethesda, Md. 20014

Brown, F. Bert, *Orthopedic* '37
17E 52nd Street, Savannah, Ga. 31405

Brown, Joan M., *Anesthesia* '64
40 Walfield Avenue, London, N. 20, England

Brown, Lloyd, *Neurosurgery* '38
186 State Street, Bangor, Maine 04401

Brown, Michael S., *Medicine* '68
National Insitutes of Health
Bethesda, Md. 20014

Brown, Norman K., *Medicine* '58
3163 West Laurelhurst Drive, Seattle, Wash. 98105

Brown, R. Gordon, *Pathology* '42
122 S. Michigan Avenue, Chicago, Ill 60603

Brown, Robert H., *Surgery* '45
Box 102, Foxboro, Mass.

Brown, Robert K., *Surgery* '42
1727 Gilpin Street, Denver, Colo. 80218

*Brown, Thornton, *Orthopedic* '49
Acting Chief of Orthopedic Surgery
M.G.H.

*Brownell, Gordon L.
Applied Physicist, Medicine
M.G.H.

Brownsberger, Carl N., *Medicine* '57
1035 Beacon Street, Brookline, Mass. 02146

*Brownstein, Carlton S.
Assistant Resident, Dermatology
M.G.H.

Brubaker, Richard F., *Surgery* '64
718 9th Street, S.W. Rochester, Minn. 55901

Bruecke, Peter E., *Surgery* '70
Kirchmegerq. 5, A1130, Vienna, Austria

Brues, Austin M., *Medicine* '32
Argonne National Laboratory
Lemont, Ill. 60439

*Bruner, John M.R.
Assistant Anesthetist
M.G.H.

Brunjes, Carl F., *Orthopedic* '65
209 Medical Center Building
Spokane, Wash. 99204

*Bruns, Romaine R.
Assistant Biologist, Medicine
M.G.H.

Buchanan, Douglas, *Psychiatry* (McL) '64
11 Chestnut Street, Andover, Mass. 01810

Buchanan, Robert N., Jr., *Dermatology* '41
1905 Hayes Street, Nashville, Tenn. 37203

Buchanan, Thomas M., *Medicine* '69
National Communicable Disease Center
Atlanta, Ga. 30333

Buchanan, William R., Jr., *Children's* '57
24 Chestnuts Hill, Greenfield, Mass 01301

*Bucher, Nancy L.R.
Associate Biologist, Medicine
M.G.H.

*Buckley, Mortimer J., Jr., *Surgery* '66
Assistant Surgeon
M.G.H.

Budson, Richard D., *Psychiatry* (McL) '64
Assistant Psychiatrist (McL)
McL.

Bullard, Carleton W., *Surgery* '18
194 High Street, Newburyport, Mass. 01950

Bullwinkel, Bob, *Surgery* '61, *Anesthesia* '63
192 Riverside Drive, Ormond Beach, Fla. 32074

Bunker, John P., *Surgery* '46, *Anesthesia* '50
Stanford Medical Center
Palo Alto, Calif. 04304

*Bunting, Douglas, III
Intern in Surgery
M.G.H.

*Burbank, Charles B., *Surgery* '42
Clinical Associate in Surgery
94 Pleasant Street, Arlington, Mass. 02174

Burden, Charles E., *Children's* '61
1 North St., Bath, Maine 04530

Burdick, James F., *Surgery* '70
National Institutes of Health
Bethesda, Md. 20004

*Burgin, Leo B., *Children's* '35
Pediatrician
153 Kent Street, Brookline, Mass. 02146

*Burke, John F., *Surgery* '57
Visiting Surgeon; Chief, Shriners Burns Institute
S.B.I.

*Burke, Mervyn F., Jr., *Surgery* '61
1300 South Eliseo Drive, Greenbrae, Calif. 94904

Burke, Robert E., *Medicine* '63, *Neurology* '64
National Institutes of Health
Bethesda, Md. 20014

Burland, George R., *Surgery* '53
Olds, Alberta, Canada

Burnett, Charles H., *Medicine* '46
Buttons Road Chapel Hill, N.C. 27514

*Burnett, Jean B.
Assistant Biochemist, Dermatology
M.G.H.

*Burnham, Charles A.
Assistant Applied Physicist, Medicine
M.G.H.

*Burns, Donald J.W.
Research Fellow, Biochemistry (Medicine)
M.G.H.

Burnside, John W., *Medicine* '68, *Pathology* '69
Chief Resident in Medicine
M.G.H.

Burnstein, Nelson A., *Surgery* '66
B.I.H.

*Burrage, Walter S., *Medicine* '27
Honorary Physician
330 Dartmouth Street, Boston, Mass. 02116

Burrington, John D., *Surgery* '66
University of Colorado Medical Center, Denver, Colo. 80220

Burrow, Jarrell G., *Dentistry* '49
507 Main Street, Worcester, Mass. 01608

Burton, Richard I., *Orthopedic* '68
C.H.M.C.

*Burwell, Lawrence R.
Clinical & Research Fellow, Medicine
M.G.H.

Bush, Richard D., *Surgery* '43
203 Commonwealth Avenue, Boston, Mass. 02116

Bushnell, Leonard S., *Anesthesia* '65
B.I.H.

*Busiek, Robert D.
Clinical Assistant in Medicine (McL)
McL.

*Butler, Allan M.
Honorary Physican Tashmoo Farm, Vineyard Haven, Mass. 02568

*Butler, Henry E.
Assistant Resident in Psychiatry
M.G.H.

Butler, James E., III, *Orthopedic Surgery* '70
6410 Fannin Street, Houston, Texas 77025

Butler, William T., *Medicine* '65
3610 Cloverdale Street, Houston, Texas 77025

Buttles, Roy V., *Pathology* '50
Central Vt. Medical Center
Barre, Vt. 05641

Byers, Randolph K., *Medicine,* '23
C.H.M.C.

*Cain, Arthur J., *Psychiatry* (McL) '35
Associate Psychiatrist (McL)
McL.

Calderon, Doninador C., *Dermatology* '67
Calfur Hotel
Thomas Claudio Street, Davao City, Phillipines

*Caldwell, Enid
Associate Psychiatrist (McL)
McL.

Calhoun, F. Phinizy, Jr., *Medicine* '38
478 Peachtree, N.E., Atlanta, Ga. 30308

Calkins, Evan, *Medicine* '52
Buffalo General Hospital
Buffalo, N.Y. 14203

Callison, James R., *Surgery* '65
Medical College of Virginia
Richmond, Va. 23219

Cameron, Fergus M., *Anesthesia* '68
B.L.I.

Cameron, Howard S., *Orthopedic* '57
450 Central Avenue
London, Ontario, Canada

*Campbell, Carlos C.
Intern, Children's Service
M.G.H.

Campbell, Charles R., *Pathology* '55
100 S. San Mateo Drive, San Mateo, Calif. 94401

*Campbell, Corbett, *Psychiatry* (McL) '69
Assistant Psychiatrist (McL)
McL.

Canellos, George P., *Surgery* '61, *Medicine* '66
9815 Belhaven Road Bethesda, Md. 20014

*Caner, G. Colket, *Medicine* '24
Honorary Physician
63 Marlborough Street, Boston, Mass. 02116

Canlas, Benjamin D., Jr., *Pathology* '56
College of Medicine, University of the Philippines, Manila, P.I.

*Cannon, Bradford
Visiting Surgeon
M.G.H.

Cannon, Helen C., *Children's* '69
Cambridge City Hospital
Cambridge, Mass.

Cannon, Jack A., *Surgery* '46
University of California Medical Center, Los Angeles, Calif. 90024

*Cannon, Woodward
Intern, Surgery
M.G.H.

Cantlon, Edwin L., *Surgery* '41
129 West 6th Street, Reno, Nev. 89503

Cantlon, J. Vernon, *Surgery* '38
129 West 6th Street, Reno, Nev. 89503

Cantor, Frederick K., *Neurology* '67
V.A. Hospital, 50 Irving St., N.W.,
Washington, D.C. 20422

Cantor, Harvey E., *Children's* '63
University Hospital
Lexington, Ky. 40506

*Cantu, Robert C., *Neurosurgery* '67
Clinical Associate in Neurosurgery
M.G.H.

*Canty, Timothy G., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

*Caplan, Gerald
Psychiatrist
58 Fenwood Road, Boston, Mass. 02115

Caplan, Lewis, *Dermatology* '40
333 41st Street, Miami Beach, Fla 33140

*Caplan, Lloyd M., *Psychiatry* (McL) '60
Assistant Attending Psychiatrist (McL)
14 West Boulevard Road, Newton Centre, Mass. 02159

*Caplan, Louis R.
Assistant Resident, Neurology
M.G.H.

Capps, Richard B., *Children's* '31, *Medicine* '33
122 S. Michigan Blvd., Chicago, Ill 60603

Capps, Samuel C., *Pathology* '49
Butterworth Hospital, Grand Rapids, Mich. 49503

Cardenal, Fernano A., *Orthopedic* '59
World Health Organization
B.P. 1899, Kinshasa, Leopoldville, Republic of the Congo

Carey, John M., *Surgery* '46
430 N.W., 12th St., Oklahoma City, Okla. 73103

*Carey, Robert W., *Medicine* '61
Assistant Physician
M.G.H.

Carlton, Frank E., *Urology* '66
Millhaven Plantation, Madigan General, Millhaven, Ga. 30444

Carmichael, Miriam W., *Neurology* '56
1100 W. Franklin St., Richmond, Va. 23220

Carmody, John T.B., *Neurosurgery* '36
65 Elm St., Worcester, Mass. 01609

Carmona, Robert A., *Anesthesia* '70
Victoria Hospital
River Ave., Winnipeg 13, Manitoba

*Carnes, Harold A.
Honorary Surgeon
29 Bay State Rd., Boston, Mass. 02115

Carney, Henry J.
Honorary Surgeon
Box 294, West Harwich, Mass. 02671

*Carr, John T.
Clinical & Research Fellow, Acting Assistant Resident in Psychiatry
M.G.H.

Carroll, Brian C., *Anesthesia* '68
Framingham Union Hospital
Framingham, Mass.

Carroll, Robert E., *Orthopedic* '44
180 Fort Washington Ave., New York, N.Y. 10032

Carson, Parker C., *Orthopedic* '40
130 Maple St., Springfield, Mass. 01103

*Carter, Edwin L., *Surgery* '60
Assistant Surgeon M.G.H.

*Carter, Franklin, *Psychiatry* (McL) '48
Associate Psychiatrist; Assistant Attending Psychiatrist (McL)
51 Brattle St., Cambridge, Mass. 02138

Carter, George B., *Radiology* '62
2525 N. W., 116 St., Oklahoma City, Okla. 73120

Carter, George H., *Medicine* '47, *Psychiatry* '48
10 Garden Terrace, Cambridge, Mass. 02138

*Carter, James R., Jr., *Medicine* '64
Assistant Physician M.G.H.

*Carter, Lucille P.
Assistant in Psychiatry
17 Trinity Terrace, Newton Centre, Mass. 02159

*Casaburi, Nicholas
Clinical Fellow in Psychiatry
M.G.H.

Cascario, Nicholas, Jr., *Dentistry* '44
419 South 3rd St., Bangor, Pa. 18013

Case, Clarke T., *Surgery* '43
1402 Genesee St., Utica, N.Y. 13502

*Cass, John W., *Medicine* '31
Board of Consultation, Medicine
2 Hawthorne Place, Boston, Mass. 02114

Cassem, Edwin H., *Psychiatry* '70
M.M.H.C.
Roxbury, Mass.

Castagneto, Marco, *Surgery* '70
Via Annia Faustina 30, Rome, Italy

Casten, Virgil G., *Neurology* '29
412 Beacon Street, Boston, Mass. 02115

Castle, William B., *Medicine* '23
B.C.H.

*Castleman, Benjamin, *Pathology* '35
Chief of Pathological Department
M.G.H.

*Castronovo, Frank P., Jr.
Assistant Physicist in Radiology
M.G.H.

Cathou, Renate E., *Medicine* '70
Tufts Univ. Medical School
Boston, Mass.

Catlin, Randolph, Jr., *Psychiatry* '62, *Psychiatry* (McL) '63
75 Mount Auburn Street, Cambridge, Mass. 02138

Catterson, LeRoy F., *Children's* '24
107½ High Avenue, Oskaloosa, Iowa 52577

*Caudill, Estill L.
Assistant Resident, Urology
M.G.H.

*Caulfield, James B.
Associate Pathologist M.G.H.

*Cave, Edwin F., *Surgery* '26, *Orthopedic* '28
Board of Consultation, Orthopedic Surgery
M.G.H.

*Caviness, Verne S., Jr., *Medicine* '64
Neurology, Pathology '66
Assistant in Neurology
H.M.S.

Cecere, Gerald J., *Psychiatry* '70
Univ. North Carolina School of Public Health
Chapel Hill, N.C. 27514

*Cevallos, G., Jose L.
Clinical & Research Fellow, Medicine
M.G.H.

Chaffin, George L., *Surgery* '21, *Urology* '21
132 North Hudson Avenue, Los Angeles, Calif. 90004

Chai, Joyce K. Wong, *Children's* '60
2100 Via Venado Street, La Canada, Calif. 91011

Chalfin, Robert M., *Psychiatry* (McL) '64

*Chalpin, George
Assistant Attending Psychiatrist (McL)
195 St. Paul Street, Brookline, Mass. 02146

Chamberlin, Harrie R., *Children's* '49
University of North Carolina School of Medicine
Chapel Hill, N.C. 27515

Chamberlin, Robert W., Jr., *Children's* '59
University of Rochester Medical Center
Rochester, N.Y. 14620

*Chandler, Hugh P., *Orthopedic* '62
Assistant in Orthopedic Surgery
266 Beacon Street, Boston, Mass. 02116

Chang, Wallace H.J., *Surgery* '68
3500 Fifth Ave., Pittsburgh, Pa. 15213

Chapin, David S., *Surgery* '66
B.L.I.

Chaplin, Hugh, Jr., *Medicine* '50
Washington University School of Medicine
St. Louis, Mo. 63110

Chapman, C. Ethelyn, *Anesthesia* '38
Veterans Administration Center
Los Angeles, Calif. 90073

*Chapman, Earle M., *Medicine* '34
Physician, Board of Consultation
M.G.H.

*Chapman, Paul H., *Surgery* '69
Assistant Resident, Neurosurgery
M.G.H.

*Char, Devron
Intern in Medicine
M.G.H.

Charash, Leon J., *Children's* '52
31 Kodiak Drive, Woodbury, N.Y. 11797

Chase, John S., *Surgery* '40
392 Pleasant Street, Brockton, Mass. 02401

Chase, Thomas N., *Neurology* '64
National Institutes of Health
Bethesda, Md. 20014

*Chasen, Mignon C.
Assistant Attending Psychiatrist (McL)
111 Cedar Street, Newton Centre, Mass. 02159

*Chatel, Marcel
Research Fellow, Neuropathology
W.E. Fernald State School, Waltham, Mass.

*Chayet, Neil L.
Consultant in Forensic Psychiatry
15 Court Street, Boston, Mass. 02108

Cheer, Sheo-Nan, *Medicine* '22
21338 Halldale Avenue, Torrance, Calif. 90501

Chen, Lincoln C., *Medicine* '70
D.A.C.C.A.
Dept. of State
Washington, D.C. 20521

*Chen, Peter Shih-yuh,
Assistant in Radiology
M.G.H.

Cheney, Marshall C., *Medicine* '18
3000 Colby Street, Berkeley, Calif. 94705

Chernoff, Amos I., *Medicine* '48
Memorial Research Center
University of Tennessee, Knoxville, Tenn. 37920

*Chesler, David A.
Research Fellow in Medicine
M.G.H.

*Chesney, Carolyn
Clinical & Research Fellow in Medicine
M.G.H.

*Chesney, Thomas
Assistant Resident, Pathology
M.G.H.

*Chiappa, Keith H.
Assistant Resident, Neurology
M.G.H.

*Choras, Peter T., *Psychiatry* (McL) '62, *Psychiatry* '63
Assistant Attending Psychiatrist (McL)
250 Winter Street, Weston, Mass. 02193

*Chow, Arthur E.
Clinical Fellow, Anesthesia
M.G.H.

Christensen, William R., *Medicine* '50
Salt Lake County General Hospital
Salt Lake City, Utah 84115

*Christman, George, *Dentistry* '52
Visiting Oral Surgeon
60 Charlesgate West, Boston, Mass. 02215

*Churchill, Edward D., *Surgery* '23
Honorary Surgeon
269 Prospect Street, Belmont, Mass. 02178

Churchill, W. Hallowell, Jr., *Medicine* '69
R.B.B.H.

Ciano, Joseph F., *Dentistry* '54
157 Washington Street, Quincy, Mass. 02169

Cihak, Robert J., *Radiology* '70
Radiology Dept.
Univ. of New Mexico Med. School
Albuquerque, N.M. 87106

*Cion, Maurice C., *Psychiatry* (McL) '66
Resident Psychiatrist (McL)
43 Rosalie Road, Newton, Mass. 02169

*Cipolloni, Patsy B., *Neurology* '71
Assistant Resident, Neurology
M.G.H.

*Civan, Mortimer M.
Assistant in Medicine M.G.H.

Civantos, Francisco, *Pathology* '66
522 40th Street, Union City, N.J. 07087

Civetta, Joseph M., *Surgery* '68
Assistant in Surgery
M.G.H.

Claiborne, T. Sterling, *Medicine* '34
384 Peachtree St., N.E., Atlanta, Ga. 30308

Claman, Henry N., *Medicine* '58
University of Colorado Medical Center
Denver, Colo. 80220

Clapp, Stewart, *Neurosurgery* '39
4740 Chevy Chase Dr., Chevy Chase, Md. 20015

*Clark, John G., Jr., *Psychiatry* '55, *Psychiatry* (McL) '58
Associate Psychiatrist; Assistant Attending Psychiatrist (McL)
476 Conant Road, Weston, Mass. 02193

Clark, Lincoln D., *Medicine* '48, *Psychiatry* '50
Salt Lake County General Hospital
Salt Lake City, Utah 84115

*Clark, Richard J., *Medicine* '33
Board of Consultation, Medicine
15 Dix St., Winchester, Mass. 01890

Clark, Sam L., Jr., *Medicine* '50
Washington University School of Medicine
St. Louis, Mo. 63110

*Claydon, Charles T.
Clinical Assistant, Surgery
Martha's Vineyard Hospital
Oak Bluffs, Mass. 02557

Clement, James D., Jr., *Surgery* '44
77 Essex Street, Bangor, Maine 04401

*Clement, Philip B., *Pathology* '71
Resident in Pathology
M.G.H.

Clement, S. Preston, Jr., *Medicine* '56
203 Medical Arts Building
Sarasota, Fla. 33579

*Clifford, M. Henry, *Medicine* '35
Board of Consultation
Veterans Administration Hospital
Bedford, Mass. 01730

Clifford, Stewart H., *Medicine* '27
B.L.I.

*Climent, Carlos E.
Clinical & Research Fellow, Psychiatry
M.G.H.

*Cline, Herbert S., *Psychiatry* '56
Assistant in Psychiatry; Assistant Attending Psychiatrist (McL)
185 Dean Road, Brookline, Mass. 02146

Cline, John W., Jr., *Surgery* '27
490 Post Street, San Francisco, Calif. 94102

*Cloherty, John P., *Children's* '69
Assistant in Pediatrics
319 Longwood Avenue, Boston, Mass. 02115

Clouse, Melvin E., *Radiology* '64
N.E.D.H.

Clowes, George H.A., Jr., *Surgery* '48
Pegan Lane, Dover, Mass. 02023

Cobb, Cully A., Jr., *Neurology* '48
Medical Arts Building
Nashville, Tenn. 37212

Cobbs, Beverly W., Jr., *Medicine* '55
Emory University Clinic
Box 459, Atlanta, Ga. 30322

*Cochran, Thomas C., Jr.
Research Fellow, Surgery
S.B.I.

*Cochran, William D., *Children's* '54
Associate Pediatrician
B.L.I.

*Codington, John F.
Assistant Biochemist, Medicine
M.G.H.

Coe, Robert C., *Surgery* '55
115 Columbia Street, Seattle, Wash. 98104

Coffey, Edward L., Jr., *Orthopedic* '66
Department of Pathology
North Shore Hospital, Manhasset, L.I., N.Y.

Coggeshall, Howard C., *Medicine* '35
3710 Swiss Avenue, Dallas, Texas 75204

*Coggins, Cecil H., *Medicine* '59
Assistant Physician M.G.H.

Cohen, Alfred, M., *Surgery* '69
5301 Bangor Drive, Kensington, Md. 20795

*Cohen, Benjamin E.
Assistant Resident, Surgery
M.G.H.

*Cohen, George L., *Medicine* '67
Assistant in Medicine M.G.H.

Cohen, Irvin J., *Children's* '31
4802 10th Avenue, Brooklyn, N.Y. 11219

*Cohen, John M., *Children's* '66
Clinical Associate in Pediatrics
332 Washington Street, Wellesley Hills, Mass. 02181

Cohen, Jonathan, *Orthopedic* '50
C.H.M.C.

*Cohen, M. Michael
Consultant in Dentistry, Department of Neurology
1101 Beacon Street, Brookline, Mass. 02146

*Cohen, Mandel E., *Psychiatry* '36
Neurologist
M.G.H.

*Cohen, Max H., *Surgery* '67
Clinical & Research Fellow, Acting Resident in Surgery
M.G.H.

*Cohen, Philip
Intern in Medicine
M.G.H.

*Cohen, Richard B., *Pathology* '53
Board of Consultation, Pathology
B.I.H.

*Cohen, Saul H.
Clinical Associate in Pediatrics
One Salem Street, Wakefield, Mass. 01880

*Cohen, Suzanne L.
Clinical and Research Fellow in Psychiatry
M.G.H.

Cohn, Roy B., *Pathology* '33, *Neurosurgery* '34, *Surgery* '37
Stanford Medical Center
Palo Alto, Calif. 94304

Cohn, Zanvil A., *Medicine* '55
Rockefeller Institute for Medical Research
66th and York Avenue, New York, N.Y. 10021

Cole, Clarence H., *Pathology* '35
111 W. Main Street, Waterbury, Conn. 06702

*Cole, Dennis G.
Clinical Fellow, Orthopedic Surgery
M.G.H.

Cole, Edwin M., *Neurology* '32, *Psychiatry* '34
Board of Consultation, Neurology
M.G.H.

Cole, Monroe, *Neurology* '60
The Bowman Gray School of Medicine
Winston-Salem, N.C. 27103

*Coleman, David L.
Assistant Biochemist, Medicine
M.G.H.

Coleman, Roy M., *Psychiatry* (McL) '64
George Washington University Hospital
901 3rd Street, Washington, D.C. 20037

Coles, Martin R., *Psychiatry* '56, *Psychiatry* (McL) '57
75 Mount Auburn Street, Cambridge, Mass. 02138

Coley, Mary S., *Children's* '55
253 Ridgewood Road, West Hartford, Conn. 01607

Collins, David L., Jr., *Surgery* '61
Cabarrus Medical Building
Concord, N.C. 28025

Collins, George H., *Pathology* '59
University of Florida College of Medicine
Gainesville, Fla. 52601

Collins, H. Douglas, *Medicine* '55
8 N. Main Street, Caribou, Maine 04736

*Collins, Mary H.
Resident Psychiatrist (McL)
McL.

Collins, Richard, *Surgery* '33
204 Vassar Place, Alexandria, Va. 22314

Collins, Robert C., *Medicine* '70
9511 Bullo Rum Parkway, Bethesda, Md. 20034

*Colman, Roberta F.
Associate Biochemist
M.G.H.

*Colman, Robert W.
Assistant in Medicine
M.G.H.

Colokathis, Paul P., *Orthopedic* '54
146 Tarrytown Road, Manchester, N.H. 03103

Colpitts, Grant E., *Pathology* '52
Royal Alexander Hospital
10240 Kingsway Avenue, Edmonton, Alberta, Canada

Colquhoun, John B., *Orthopedic* '27
85 Spring Street, Melbourne, Australia

*Colvin, Robert B., *Surgery* '69
Assistant Resident, Pathology
M.G.H.

Colwell, Howard S., *Medicine* '16
158 Whitney Avenue, New Haven, Conn. 06511

Comly, Hunter H., *Children's* '44
5475 Woodward Avenue, Detroit, Mich. 48202

Compton, David, W., *Anesthesia* '46
Route 2, Box 6648, Issaquah, Wash.

Confer, David Bruce, *Pathology* '69
2531 Burnet Avenue, Cincinnati, Ohio 45219

Conley, James E., *Surgery* '42
425 E. Wisconsin Avenue, Milwaukee, Wis. 53202

*Connelly, John P., *Children's* '62
Pediatrician B.H.H.C.

*Conners, C. Keith
Psychologist, Psychiatry
M.G.H.

*Connolly, Thomas F.
Assistant Podiatrist, Orthopedic
107 Broad Street, Lynn, Mass. 10901

Conrad, Elizabeth, *Children's* '45
2240 Cloverdale Avenue, Winston-Salem, N.C. 27103

*Constable, John D., *Surgery* '59
Associate Visiting Surgeon
M.G.H.

Conway, Richard E., *Orthopedic* '63
79 Highland Avenue, Salem, Mass. 01970

Cook, Charles D., *Children's* '49
Yale University School of Medicine
New Haven, Conn. 06510

Coolidge, John C., *Children's* '45
141 Coolidge Hill, Cambridge, Mass. 02138

Coolidge, Thomas B., *Medicine* '29
5755 S. Dorchester Avenue, Chicago, Ill. 60637

Coombs, Frederick S., *Medicine* '37
275 W. Federal Street, Youngstown, Ohio 44503

Coons, Albert H., *Medicine* '39
H.M.S.

*Cooper, Joel D., *Surgery* '68
Assistant Resident, Surgery
M.G.H.

Cooperman, Sheldon, *Pathology* '61
Department of Pathology
Union Hospital, Lynn, Mass.

*Cope, Oliver, *Surgery* '32
Board of Consultation, Surgery
S.B.I.

Cope, Stuart, *Orthopedic* '70
Newton-Wellesley Hospital
Newton, Mass.

Copeland, Robert B., *Medicine* '67
Clark-Holder Clinic
La Grange, Ga. 30420

*Cornell, Richard
Clinical & Research Fellow, Medicine
M.G.H.

*Cornetta, William J., III
Assistant Resident, Pathology
M.G.H.

Corning, Howard B., *Medicine* '69
B.I.H.

*Corry, Robert J., *Surgery* '69
Assistant in Surgery
Zero Emerson Place, Boston, Mass. 02114

Cosby, Richard S., *Medicine* '40
111 Congress Street, Pasadena, Calif. 91105

*Cosgrove, Delos M.
Assistant Resident, Surgery
M.G.H.

*Cosgrove, William L.
Board of Consultation
12 Waltham Street, Lexington, Mass. 02173

Cotter, Walter C., *Neurosurgery* '57
339 Angell Street, Providence, R.I. 02906

Cotzias, George C., *Neurology* '45, *Medicine* '46
Medical Department
Brookhaven National Laboratory
Associated Universities, Inc.
Upton, N.Y. 11973

*Courey, W. Robert
Assistant Resident, Radiology
M.G.H.

*Courtois, Yves G.C.
Research Fellow in Medicine
M.G.H.

*Coutts, Richard D.
Clinical & Research Fellow, Orthopedic Surgery
M.G.H.

Cozen, Lewis N., *Orthopedic* '38
6221 Wilshire Blvd., Los Angeles, Calif. 90048

*Crabtree, Harvard H., *Surgery* '14, *Urology* '19
Honorary Surgeon
110 Francis Street, Boston, Mass. 02215

Craddock, Charles G., Jr., *Psychiatry* '50
Dept. of Experimental Medicine
Scripps Clinic & Research Foundation
467 Prospect Street, LaJolla, Calif. 92037

Craige, Ernest, *Medicine* '48
North Carolina Memorial Hospital
Chapel Hill, N.C. 27515

Crandell, Walter B., *Surgery* '41
Veterans Administration Hospital
White River Junction, Vt. 05001

*Crane, Neil A.
Clinical & Research Fellow, Medicine
M.G.H.

*Craven, N. Scott, *Psychiatry* (McL) '68
Clinical Fellow, Psychiatry (McL)
McL.

*Craver, Joe M., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

Crawford, Dorothy M., *Anesthesia* '68
P.B.B.H.

Crawford, Ernest S., *Surgery* '54
Baylor University College of Medicine
Houston, Texas 77025

Crawford, Henry B., *Orthopedic* '32
15 Prince Street, Rochester, N.Y. 14607

*Crawford, John D., *Children's* '49
Pediatrician
M.G.H.

Creel, Stephen M., *Psychiatry* '70
5 Edwin Street, Dorchester, Mass. 02124

Croll, Diane, *Pathology* '48
4221 Basswood Road, Minneapolis, Minn. 55416

Crone, Neil L., *Medicine* '37
74 Village Hill Road, Belmont, Mass. 02178

Cronk, Richard V., *Orthopedic* '69
C.H.M.C.

*Cronkhite, Leonard W., Jr., *Medicine* '53
Board of Consultation
C.H.M.C.

Crowell, Robert M., *Surgery* '67
Assistant Resident, Neurosurgery
M.G.H.

*Crowley, James P.
Assistant Resident, Pathology
M.G.H.

*Crowley, William F.
Assistant Resident in Medicine
M.G.H.

*Crown, Barry M.
Research Fellow, Psychology (Psychiatry) M.G.H.

*Cserr, Robert
Clinical Associate, Psychiatry
5 Emerson Place, Boston, Mass. 02114

*Crutcher, William
Clinical & Research Fellow, Acting Assistant Resident, Dermatology
M.G.H.

Crystal, Dean K., *Surgery* '46
1110 Harvard Ave., Seattle, Wash. 98122

Crystal, Ronald G., *Medicine* '70
National Institutes of Health
Bethesda, Md. 20014

*Culp, Lloyd A.
Research Fellow, Medicine
M.G.H.

*Culver, Perry J., *Medicine* '42
Associate Physician
M.G.H.

Cunningham, Thomas D., *Medicine* '18, *Children's* '20
1612 Tremont Place, Denver, Colo. 80202

*Curren, Franklin C., *Psychiatry* '69
Assistant Resident, Psychiatry
M.G.H.

*Currens, James H.
Assistant in Medicine
M.G.H.

Currie, Richard A., *Surgery* '54
Johns Hopkins Hospital
Baltimore, Md. 21205

*Curtin, Richard R., *Surgery* '54
Clinical Associate, Surgery
Exeter Clinic, Exeter, N.H. 03833

*Curwen, William L.
Assistant in Dermatology
M.G.H.

Cutler, Bruce St., J., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Cutts, Frank B., *Medicine* '34
315 Olney St., Providence, R.I. 02906

*Daggett, Willard M., Jr., *Surgery* '66
Assistant Surgeon
M.G.H.

Dahl, Lewis K., *Medicine* '47
Medical Department, Brookhaven National Lab., Associated Universities, Inc.
Upton, N.Y. 11973

*Daland, Ernest M., *Surgery* '18
319 Longwood Ave., Boston, Mass. 02115

Dale, David C., *Medicine* '68
N.I.H., Bethesda, Md. 20014

D'Alessandro, Genesio L., *Anesthesia* '50
275 Forest Ave., Glen Ridge, N.J. 07028

Dalrymple, Willard, *Medicine* '47
University Health Service, Princeton University,
Princeton, N.J. 08540

*Dalton, Brian C.
Associate Anesthetist
M.G.H.

*Dalton, John C.
Assistant Physician
One Hawthorne Pl., Boston, Mass. 02114

*Daly, James J., *Pathology* '66
Clinical Fellow in Pathology
M.G.H.

Damon, Albert, *Medicine* '52
Harvard University, Peabody Museum
Cambridge, Mass. 02138

*Daniels, Edward M.
Psychiatrist (McL)
26 Lyman Rd., Chestnut Hill, Mass. 02167

*Daniels, Ellen P.
Clinical & Research Fellow in Psychology
M.G.H.

Daniels, Gilbert H., *Medicine* '68
National Institutes of Mental Health
Bethesda, Md. 20014

*Daniels, Hadassah S.
Assistant Attending Psychiatrist (McL)
30 Lyman Rd., Chestnut Hill, Mass. 02167

Dann, David S., *Radiology* '22
701 East 63rd St., Kansas City, Mo. 64110

*Darling, R. Clement, *Children's* '54
Surgery '58
Associate Visiting Surgeon
1180 Beacon Street, Brookline, Mass. 02146

d'Autremont, Chester C., *Neurology* '48
C.H.M.C.

Davanloo, Habibolah, *Psychiatry* '59
Montreal General Hospital
Montreal, Canada

David, John R., *Medicine* '61
Robert Breck Brigham Hospital
Parker Hill Ave., Boston, Mass. 02120

David, Solomon D., *Orthopedic* '22
5505 Holly Springs Dr., Houston, Texas 77027

Davidoff, Frank F., *Medicine* '65
B.I.H.

*Davidson, Betty A.
Research Fellow in Medicine
M.G.H.

*Davidson, Edwin M.
Assistant Attending Psychiatrist (McL)
McL.

*Davidson, Gerald E.
Assistant Psychiatrist
M.G.H.

*Davies, John A.V.
Honorary Physician
319 Longwood Ave., Boston, Mass. 02110

Davies, M. Elizabeth, *Surgery* '71
Corpus Christi College
Cambridge, England

Davis, James McC., *Surgery* '52
2700 Riverside Ave., Jacksonville, Fla. 32204

Davis, John M., *Children's* '61
National Institutes of Health
Bethesda, Md. 20014

*Davis, Lyle A.
Clinical & Research Fellow in Orthopedic Surgery
M.G.H.

*Davis, Neville J.
Clinical Fellow, Anesthesia
M.G.H.

*Day, Nancy L.
Research Fellow, Pediatrics
M.G.H.

DeBusk, Franklin L., *Children's* '50
Department of Pediatrics
College of Medicine
University of Florida
Gainesville, Fla. 32601

*DeCesare, Ronald E.
Assistant Resident in Radiology
M.G.H.

*Decker, Briant L., *Children's* '31, *Medicine* '32
Board of Consultation, Medicine
75 Mt. Auburn Street, Cambridge, Mass. 02138

Defalco, Alfred J., *Surgery* '63
7274 South Ingalls Way, Littleton, Colo. 80120

*DeFriez, Albert I.C.
Clinical Assistant, Medicine
110 Francis Street, Boston, Mass. 02215

*Deftos, Leonard J.
Clinical & Research Fellow, Medicine
M.G.H.

*Degirolami, Umberto, *Pathology* '69
Assistant Resident, Pathology
M.G.H.

DeGroot, Leslie J., *Medicine* '57
Professor of Medicine
Department of Medicine, University of Chicago
Chicago, Ill. 60637

Dehner, Gerard A., *Orthopedic* '70
53 Highland Road, Brookline, Mass.

Del Guidice, Peter A., *Anesthesia* '63
Grace Hospital
Detroit, Mich. 48201

*Delong, G. Robert, *Neurology* '67
Assistant Neurologist; Assistant Pediatrician
M.G.H.

Delong, W. Bradford, *Surgery* '63
119 Virginia Avenue, Ann Arbor, Mich. 48103

*DeLorme, Thomas L., *Orthopedic* '55
Associate Orthopedic Surgeon
M.G.H.

*DeLuca, Salvatore
Assistant in Radiology
M.G.H.

d'Elseaux, Frank C., *Medicine* '29
43 Clifton Heights Lane, Marblehead, Mass. 01945

*de Marneffe, Francis L.A., *Psychiatry* '52
Psychiatry (McL) '54
Director of McLean Hospital
McL.

*Demirjian, Zareh N.
Clinical & Research Fellow, Medicine
M.G.H.

de Mola, Luis L., *Pathology* '60
Alcanfores 999, Miraflores, Lima, Peru

*Dempsey, Peter A. .
Board of Consultation
56 Melville Avenue, Dorchester, Mass. 02124

Dennie, Charles C., *Dermatology* '14
Professional Building
Kansas City, Mo. 64106

*Denton, Jane E., *Medicine* '46
Clinical & Research Fellow, Anesthesia
M.G.H.

DePriest, Oscar S., *Surgery* '61
Howard University School of Medicine
2401 6th Avenue N.W., Washington, D.C. 20001

Derby, Joseph P., *Orthopedic* '25
20 Maple Street, Springfield, Mass. 01103

Derow, Harry A., *Pathology* '28
1136 Beacon Street, Brookline, Mass. 02146

Derow, Sidney, *Pathology* '31
36 Jefferson Road, Buzzards Bay, Mass. 02532

Derrick, Charles C., *Pathology* '41, *Medicine* '42
780 Chestnut Street, Springfield, Mass. 01107

*DeSanctis, Roman W., *Medicine* '60
Physician
M.G.H.

*DesGroseilliers, Jean-Pierre
Assistant Resident, Dermatology
M.G.H.

Detwiler, Robert C., *Orthopedic* '56
68 Charlton Avenue, West Hamilton, Ontario, Canada

Detwiler, Robert H., *Children's* '40
3120 North 13th Street, Arlington, Va. 22201

Deuel, Thomas F., *Medicine* '65
National Heart Institute
Bethesda, Md. 20014

*Deutsch, Helene
Honorary Physician
44 Larchwood Drive, Cambridge, Mass. 02138

Dewey, Edward B., *Surgery* '21
Box 2029, Pebble Beach, Calif. 93953

*DeWilde, Herman
Clinical Associate, Oral Surgery
60 Charlesgate West, Boston, Mass. 02115

*Dexter, Chester J.
Clinical Associate, Surgery
51 Brattle Street, Cambridge, Mass. 02138

Deykin, Daniel, *Medicine* '58
B.I.H.

Diamond, David B., *Medicine* '70
Dept. of Psychiatry, Stanford Medical Center
Palo Alto, Calif.

*Diaz Jose-Luis
Research Fellow, Psychiatry
M.G.H.

*DiBona, Ronald R.
Assistant in Biology (Medicine)
M.G.H.

*Dickersin, G. Richard, *Pathology* '57
Clinical Associate, Pathology
680 Center Street, Brockton, Mass. 02402

Dickson, Carol C., *Medicine* '48, *Children's* '49
Birch Point, Sunapee, N.H. 03782

*Dickson, William A., *Children's* '47
Clinical Associate in Pediatrics
33 Bickford Street, Jamaica Plain, Mass. 02130

Diehl, Sylvia Davies, *Children's* '58
33 Maple Avenue, Madison, N.J. 07940

*Dienes, Louis L.
Honorary Physician
M.G.H.

*Dierker, Louise A.
Assistant Resident, Psychiatry
M.G.H.

Dierks, Marianne, *Psychiatry* '66
25 Charles Bank Road, Newton, Mass.

Dillon, Harold T., Jr., *Pathology* '59
62 Butler Street, S.E.
Atlanta, Ga. 30303

Dillon, Victor M., *Orthopedic* '32
2166 Hayes Street, San Francisco, Calif. 94117

Dimon, Joseph H., III, *Orthopedic* '60
1938 Peachtree Road, N.W., Atlanta, Ga. 30309

*Dinarello, Charles A.
Assistant Resident, Children's Service
M.G.H.

*Dineen, James J., *Medicine* '69
Clinical & Research Fellow, Medicine
M.G.H.

Diner, Wilma J. Canada, *Pathology* '51, *Radiology* '54
University of Arkansas Medical Center
Little Rock, Ark. 72201

*Dinsmore, Paul R., *Psychiatry* (McL) '61
Assistant Psychiatrist (McL)
McL.

*Dinsmore, Robert E., *Radiology* '61
Radiologist
M.G.H.

*Dismukes, William E.
Clinical & Research Fellow, Medicine
M.G.H.

Dittmore, Harry B., Jr., *Surgery* '58
Children's Clinic
1440 S.W. Taylor Street, Portland, Ore. 97205

Dodd, Robert B., *Anesthesia* '50
Washington University School of Medicine
St. Louis, Mo. 63110

Dodge, Richard S., *Orthopedic* '46
4767 Kahala Avenue, Honolulu, Hawaii 96815

Dohan, F. Curtis, *Medicine* '35
Hospital of the University of Pennsylvania
Philadelphia, Pa. 19104

Doisy, Edward A., Jr., *Medicine* '45
St. Louis University, School of Medicine
St. Louis, Mo. 63104

Dole, Kenneth L., *Surgery* '17
327 East Del Mar Blvd., Pasedena, Calif. 91106

Dole, Vincent P., Jr., *Medicine* '41
Rockefeller Institute for Medical Research
66th and York Ave., New York, N.Y. 10021

Donaghy, Raymond M.P., *Neurosurgery* '42
Mary Fletcher Hospital
Burlington, Vt. 05401

Donald, James H., *Medicine* '48
801 North Cascade Ave., Colorado Springs, Colo. 80903

*Donaldson, Gordon A., *Surgery* '42
Visiting Surgeon
M.G.H.

Donnelly, Elwin W., *Radiology* '61
Georgia Baptist Hospital
Atlanta, Ga. 30312

Donner, Reynout, *Pathology* '57
Pr. Hendriklaan 27, Amsterdam,
The Netherlands

*Donoff, Robert B., *Oral Surgery* '68
Resident, Oral Surgery
M.G.H.

Donohue, John P., *Urology* '65
Indiana University Medical Center
1100 West Michigan Ave., Indianapolis,
Ind. 46207

*Donovan, Donald D.
Assistant Podiatrist, Orthopedic Service
8 Winter St., Boston, Mass. 02108

Donovan, James F., *Orthopedic* '57
85 Jefferson St., Hartford, Conn. 06103

Donovan, William B., *Psychiatry* '70
100 Ridgeway Road, Hillsboro, Calif.
94010

Donovan, Woodrow M., *Psychiatry* (McL)
'67
1034-A-45 St., Emeryville, Calif. 94608

*Dooling, Elizabeth C., *Neurology* '69
Clinical & Research Fellow, Neurology,
M.G.H.

*Doonan, James M.
Clinical Assistant, Surgery
1101 Beacon Street, Brookline, Mass.
02146

*Dougherty, John D.
Clinical Fellow, Medicine
M.G.H.

*Douglas, Adrian P.
Research Fellow, Medicine
M.G.H.

*Downing, Stephen W.
Assistant in Biology, Pathology
M.G.H.

Drachman, David A., *Neurology* '60
Northwestern University Medical School
Chicago, Ill. 60611

Drake, Emerson H., *Surgery* '45
18 Bramhall Street, Portland, Maine
04102

Drake, Truman G., *Medicine* '37
114 N. Taylor Avenue, St. Louis, Mo.
63108

Dreier, Theodore, Jr., *Psychiatry* '63,
Psychiatry (McL) '64
70 Fairweather Street, Cambridge, Mass.
02138

Dresel, Rudolph L., *Orthopedic* '21
37 Calhoun Terrace, San Francisco,
Calif. 94133

*Dretler, Stephen P., *Surgery* '69
Assistant Resident, Urology
M.G.H.

*Drew, Michael A.
Assistant Resident, Orthopedic Surgery
M.G.H.

Drewry, Garth R., *Medicine* '53
1 Davis Blvd., Tampa, Fla. 33606

Dreyfus, Pierre M., *Neurology* '55
University of California
Davis, Calif. 95616

*Dreyfuss, Jack R.
Radiologist
Zero Emerson Place, Boston, Mass.
02114

*Driscoll, Robert A.
Clinical Associate in Pediatrics
464 Granite Avenue, Milton, Mass.
02186

*Drop, Lambertus, J.
Assistant Resident, Anesthesia
M.G.H.

*Drysdale, James W.
Assistant Biochemist, Surgery
S.B.I.

*DuBois, Barbara
Graduate Student, Assistant
M.G.H.

Duda, Gerhart A., *Psychiatry* (McL) '61
5 Emerson Place, Boston, Mass. 02114

Duff, Arthur W., *Pathology* '64
St. Francis Hospital
900 Hyde Street, San Francisco, Calif. 94109

Duffy, Frank H., *Neurosurgery* '65
Box 1076, Edgewood, Md. 20104

Duffy, Raymond J., *Psychiatry* (McL) '35
Medical Tower Building
Wheeling, W.Va. 26003

*Dugard, Paul H.
Research Fellow, Dermatology
M.G.H.

*Duggan, John A.
Clinical Associate in Pediatrics
721 Pleasant Street, Worcester, Mass. 01602

Dulin, John W., *Pathology* '33
Dey Building
Iowa City, Iowa 52240

Dumont, Matthew P., *Psychiatry* (McL) '64

Dunbar, Ronald W., *Anesthesia* '64
Second General Hospital
A.P.O. New York 09180

Duncan, Adah M., *Radiology* '68
Los Angeles County General Hospital
Los Angeles, Calif. 90033

*Duncan, Gary W.
Assistant Resident, Neurology
M.G.H.

Duncombe, Alfred L., *Medicine* '34
336 Pleasant Street, Brockton, Mass. 02401

*Dunkman, W. Bruce
Resident in Medicine
M.G.H.

Dunn, Edward, *Surgery* '56
901 Harrison Street, Syracuse, N.Y. 13210

Dunn, Fa-Chi, *Dermatology* '54
Kaiser Foundation Hospital
Oakland, Calif. 94611

Dunn, William L., *Pathology* '60
University of British Columbia
Vancouver, B.C., Canada

*Durant, Thomas S.
Assistant Director of the MGH; Assistant in Surgery
M.G.H.

Duritz, Gilbert, *Children's* '70
William Beaumont General Hospital, Fort Bliss, El Paso, Texas

Durno, Edwin R., *Surgery* '29
2512 E. Main Street, Medford, Ore. 97501

D'urso, John J., *Dermatology* '44
218 Bristol Street, Seabrook Beach, N.H. 03874

*Dvorak, Harold F.
Assistant Pathologist
M.G.H.

Dwight, Richard W., *Surgery* '31
Veterans Administration Hospital
150 S. Huntington Ave., Jamaica Plain, Mass. 02130

Dwyer, John H., *Children's* '56, *Psychiatry* (McL) '58
5025 Castleman St., Pittsburgh, Pa. 15232

*Dwyer, Thomas F.
Psychiatrist
M.G.H.

*Dyer, Edward C.
Associate Pediatrician
B.H.H.C.

Eaton, Richard G., *Orthopedic* '61
Roosevelt Hospital
428 West 59th St., New York, N.Y. 10019

Eaton, S. Boyd, *Radiology* '69
Letterman General Hospital
San Francisco, Cal. 94129

*Ebert, Michael H.
Research Fellow in Psychiatry
M.G.H.

Eckhardt, Lloyd O., *Psychiatry* '70
Colorado Medical Center, Dept. of Child Psychiatry
Denver, Colorado

Edelman, Gerald M., *Medicine* '55
Rockefeller Institute for Medical Research
66th and York Ave., New York, N.Y. 10021

Edelstein, Leon M., *Dermatology* '62
Department of Biochemistry
Brandeis University
Waltham, Mass. 02154

Edmonds, Henry W., *Pathology* '42
110 Irving St., N.W., Washington, D.C.

Edmunds, L. Henry, Jr., *Surgery* '63
Mason Clinic
1118 9th Ave., Seattle, Wash. 98101

Edsall, Geoffrey, *Medicine* '36
375 South St., Jamaica Plain, Mass. 02130

Edwards, William S., *Surgery* '52
Medical College of Alabama
Birmingham, Ala. 35233

Egbert, Lawrence D., *Anesthesia* '61
Dept. of Anesthesia
American Univ. of Beirut
Beirut, Lebanon

Egel, Norman, *Orthopedic* '38
797 Elmwood Avenue, Rochester, N.Y. 14720

Egloff, Frank R.L., *Psychiatry* '51
31 Main Street, Farmington, Conn. 06032

Ehrenkranz, Nathaniel J., *Medicine* '54
University of Miami School of Medicine
Miami, Fla. 33134

*Eichberg, Joseph, Jr.
Associate Biochemist (McL)
McL.

Ein, Daniel, *Medicine* '69
National Cancer Institute
Bethesda, Md. 20014

Eiseman, Ben, *Surgery* '43
University of Colorado School of Medicine
Denver, Colo. 80220

* Eisen, Simon T.
Clinical Fellow & Acting Assistant Resident, Psychiatry M.G.H.

*Eisenberg, Carola B.
Consultant in Psychiatry
Student Health Center M.I.T.

*Eisenberg, Leon
Psychiatrist (McL), Chief of Psychiatric Service
M.G.H.

*Eldred, Stanley H.
Director of Clinical Psychiatry (McL)
McL.

Eldredge, James H., *Orthopedic* '60
35 Cedar Street, Hyannis, Mass. 02601

*Eldredge, LeRoy L., Jr., *Children's* '51
Associate Pediatrician
13 Leavitt Street, Hingham, Mass. 02043

Eliel, Leonard P., *Medicine* '42
Oklahoma Medical Research Institute
Oklahoma City, Okla. 73104

Eliot, Christopher R., *Children's* '63
82 Forest Street, Medford, Mass.

Eliscu, Edward H., *Radiology* '69
Orlando Naval Hospital
Department of Radiology
Orlando, Fla. 32813

Elite, Anthony E., *Psychiatry* (McL) '66
4401-N 40th St., Phoenix, Ariz. 85018

Ellenberg, Jack, *Psychiatry* (McL) '62
239 Central Park West, New York, N.Y. 10024

Ellery, Sidney W., *Surgery* '43
1090 Atlantic Ave., Long Beach, Calif. 90813

Elliot, Howard L., *Anesthesia* '42
Chestnut Hill, Harlan, Ky. 40831

Elliott, Joseph A., Jr., *Medicine* '45
1012 Kings Dr., Charlotte, N.C. 28207

*Ellis, Daniel S., *Medicine* '41
Physician
M.G.H.

Ellis, Effie O., *Children's* '52
169 Clarendon Ave., Columbus, Ohio 43223

Ellis, Lawrence B., *Medicine* '28
319 Longwood Ave., Boston, Mass. 02115

Ellman, Leonard L., *Medicine* '69
National Institutes of Health
Bethesda, Md. 20014

Elrick, Harold E., *Medicine* '57
Veterans Administration Hospital
Denver, Colo. 80220

Elsey, Edward C., Jr., *Anesthesia* '70
University of Colorado Medical Center
4200 E. 9th Avenue, Denver, Colo. 80220

*Embree, Larry J., *Neurology* '62, *Pathology* '63
Clinical Associate in Neurology; Assistant Neurologist (McL); Assistant Neuropathologist (McL)
McL.

*Emerson, George F., *Surgery* '42
Clinical Associate, Surgery
62 Columbian St., South Weymouth, Mass. 02190

Empson, Dora R., *Children's* '64, *Anesthesia* '67
Old Marion Rd., Mattapoisett, Mass. 02739

*Endee, Charles H.
Board of Consultation
6 Marlborough Street, Boston, Mass. 02114

*Engel, Lewis L.
Biochemist, Medicine
M.G.H.

Engelman, Karl, *Medicine* '64
National Institutes of Health
Bethesda, Md. 20014

*England, Albert C., Jr.
Assistant in Neurology
M.G.H.

Eppright, Richard H., *Orthopedic* '55
1200 Moorsund Ave., Houston, Texas 77025

Epstein, Ervin H., Jr., *Dermatology* '68
764 College Pkwy., Rockville, Md. 20850

*Erbe, Richard W.
Assistant in Pediatrics, Assistant in Medicine
M.G.H.

*Erdmann, A. John, III, *Surgery* '69
Clinical & Research Fellow, Acting as Resident in Surgery
M.G.H.

*Ervin, Frank R.
Psychiatrist
M.G.H.

Esmaili, Mohammad H., *Anesthesia* '68
Saadi Hospital, Pahlavi University
Shiraz, Iran

*Esmiol, Pattison
Assistant Psychiatrist
469 Walnut Street, Brookline, Mass. 02146

*Essember, Lawrence J., *Children's* '53
Associate Pediatrician
Danvers Medical Building
Danvers, Mass. 01923

Esslinger, John O., *Orthopedic* '52
622 N. Woodward Ave., Birmingham, Mich. 48011

Estes, Joseph W., *Pathology* '65
B.U.H.

Evans, Richard R., *Pathology* '44
Cleveland Clinic
2020 East 93rd St., Cleveland, Ohio 44106

*Evans, Robert E., *Dental Medicine* '66
Assistant Oral Surgeon
110 Francis St., Boston, Mass. 02215

*Evans, Robley D.
Consultant in Physics, Radiology
M.I.T.

Evans, Sheridan S., *Surgery* '50
619 S. Broadway, McAllen, Texas 78501

Everett, Henry C., III, *Psychiatry* '58
345 Harvard St., Cambridge, Mass. 02138

Ewell, John W., *Medicine* '37
435 College St., New Haven, Conn. 06520

Ewer, Edward G., *Orthopedic* '36
419 30th St., Oakland, Calif. 94609

Eyre, David R., *Orthopedic Surgery* '71
C.H.M.C.

Eyler, William R., *Children's* '43, *Radiology* '49
Henry Ford Hospital
Detroit, Mich. 48202

*Fagenholz, Samuel A.
Intern, Children's Service
M.G.H.

Fairbanks, Grant, Jr., *Biochemical Res.* '70
Worcester Foundation for Experimental Biology
222 Maple Ave., Shrewsbury, Mass.

Fairlie, Chester W., Jr. *Medicine* '47
85 Jefferson St., Hartford, Conn. 06103

*Falke, Konrad, *Anesthesia* '69
Clinical Fellow, Anesthesia
M.G.H.

Fang, Harry C.-H., *Psychiatry* '52
23278 Aetna St., Woodland Hills, Calif. 91364

Farkas, Robert W., *Psychiatry* (McL) '65
1810 Westwood Rd., York, Pa. 17403

Farmer, Douglas A., *Surgery* '43
Hospital of St. Raphael, 1450 Chapel St., New Haven, Conn. 06511

*Farnham, Jack E.
Clinical Fellow in Medicine
M.G.H.

*Farnsworth, Dana L., *Medicine* '35
Board of Consultation, Medicine
75 Mount Auburn St., Cambridge, Mass. 02138

*Farquhar, Barbara B.
Assistant in Computer Science (Medicine) M.G.H.

Faulkner, James M., *Medicine* '25
535 Boylston St., Boston, Mass. 02116

Faust, Lawrence W., *Urology* '24
Morrison Lake Gardens, Saranac, Mich. 48881

Fawcett, Don W., *Surgery* '43
H.M.S.

*Faxon, Henry H., *Surgery* '28
Honorary Surgeon
309 Warren St., Brookline, Mass. 02146

*Faxon, Nathaniel W., *Surgery* '06
Director Emeritus
West Falmouth, Mass. 02574

Fay, Gardner F., *Orthopedic* '57
Concord Medical Center
Concord, Mass. 01742

Fazioli, Ruth A., *Children's* '69
c/o 534 No. Stone Street, La Grange, Ill. 60525

*Fearer, Nathan H., *Children's* '58
Assistant Pediatrician
2 Orchard Lane, Danvers, Mass. 01923

*Federman, Daniel D., *Medicine* '55
Physician
M.G.H.

Feingin, Ralph D., *Children's* '68
St. Louis Children's Hospital,
500 South Kingshighway, St. Louis, Mo. 63110

*Feingold, Albert H.
Assistant Attending Psychiatrist (McL)
McL.

Feingold, Murray, *Children's* '63
20 Ash Street, Boston, Mass. 02111

*Feinhandler, Sherwin J.
Assistant Anthropologist, Psychiatry
M.G.H.

*Feldman, Charles L.
Consultant in Mathematics, Psychiatry
M.G.H.

*Feldman, Joel J.
Assistant Resident, Surgery
M.G.H.

Fennell, Robert H., Jr., *Pathology* '49
1015 Gilchrest Street, Pittsburgh, Pa. 15235

Ferguson, Albert B., Jr., *Orthopedic* '50
Children's Hospital
Pittsburgh, Pa. 15213

*Ferguson, Edward L., *Surgery* '59
Clinical Associate in Surgery
1767 Northampton Street, Holyoke, Mass. 01041

Ferguson, Ira A., Jr., *Surgery* '59
Emory University Clinic
Atlanta, Ga. 30322

Ferguson, James J., Jr., *Medicine* '55
831 Amies Lane, Bryn Mawr, Pa. 19010

Ferguson, Lloyd A., *Medicine* '65
4755 South Woodlawn Avenue, Chicago, Ill. 60616

*Fern, Donald J., *Psychiatry* '61, *Psychiatry* (McL) '62
Assistant Attending Psychiatrist (McL)
McL.

*Ferris, Benjamin G.
Consultant in Medicine
665 Huntington Avenue, Boston, Mass. 02115

*Ferrucci, Joseph T., *Radiology* '67
Associate Radiologist
1 Salem Street, Wakefield, Mass. 01880

*Fiascone, Arnold D.
Associate Pediatrician
1 Salem Street, Wakefield, Mass. 01880

Field, James B., *Medicine* '64
University of Pittsburgh School of Medicine, Pittsburgh, Pa. 15213

*Field, Mark G.
Assistant Sociologist, Psychiatry
Russian Research Center
Harvard University
Cambridge, Mass. 02138

Field, Paul, *Surgery* '62
79 Windsor Crescent, Sudbury, Ontario, Canada

Field, Richard A., *Medicine* '55
Department of Medicine, Jefferson College of Medicine
Philadelphia, Pa. 19107

*Fienberg, Robert
Clinical Associate, Pathology
Bevery Hospital
Beverly, Mass. 01915

*Fierro, Francisco J.
Research Fellow, Pathology
M.G.H.

Figman, Robert J., *Surgery* '69
M.M.H.C.

Finck, Albert J., *Anesthesia* '49
B.I.H.

Findlay, Francis McR., *Surgery* '24
San Manuel Hospital
San Manuel, Ariz. 85631

Fine, Jacob, *Surgery* '27
B.I.H.

*Fine, Samuel
Clinical Fellow, Dermatology
Northeastern University
Boston, Mass. 02115

Fine, Stuart H., *Psychiatry* '67
c/o Department of Psychiatry
McMaster University
Hamilton, Ontario, Canada

*Finkelstein, Lawrence J.
Clinical Assistant in Medicine
M.G.H.

Finkenstaedt, John T., *Medicine* '49
Cornell University Medical College
New York, N.Y. 10021

Finalyson, Norris B., *Pathology* '60
63 Parnassus & Arquello Streets, San Francisco, Calif., 94122

Finley, Knox H., *Medicine* '34, *Neurology* '36
The Presbyterian Medical Center
Clay & Webster Streets, San Francisco
Calif. 94115

*Finseth, Frederick J., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

*Finseth, Katherine A.
Clinical & Research Fellow, Medicine
M.G.H.

Firminger, Harlan I., *Pathology* '47
University of Maryland School of Medicine
Baltimore, Md. 21201

First, Robert A., *Orthopedic* '64
Hillside Medical Park
Baker Ave., West Concord, Mass. 01781

*Fischberg, Bruce W., *Psychiatry* (McL) '61
Assistant Psychiatrist; Assistant Attending Psychiatrist (McL)
18 Moore Street, Belmont, Mass. 02178

*Fischer, Beverly Ruth
Intern, Children's Service
M.G.H.

*Fischer, John R., *Radiology* '69
Resident in Radiology
M.G.H.

*Fischer, Josef E., *Surgery* '69
Assistant in Surgery
M.G.H.

Fish, James E., *Surgery* '32
Box 42, Mountain Road, Newbury, N.H. 03255

*Fischer, C. Miller
Neurologist; Associate Neuropathologist, Pathology
M.G.H.

Fisher, David A., *Dermatology* '66
3340 Folsom Street, San Francisco, Calif. 94110

Fisher, Mary S., *Medicine* '49
Philadelphia General Hospital
Philadelphia, Pa. 19104

Fisher, Michael, *Dermatology* '67
Albert Einstein Medical Center
Bronx, N.Y. 10461

Fisher, Morris A., *Neurology* '70
Womack Army Hospital
Fort Bragg, N.C.

*Fisher, Richard I.
Intern in Medicine
M.G.H.

Fishman, Robert A., *Neurology* '50
University of California Medical Center
San Francisco, Calif. 94122

*Fisk, Samuel H.
Clinical & Research Fellow, Psychology (Psychiatry)
M.G.H.

Fite, E. Halsell, *Surgery* '26
201 South 36th Street, Muskogee, Okla. 74401

*FitzHugh, Greene
Honorary Physician
330 Dartmouth St., Boston, Mass. 02116

*Fitzpatrick, Thomas B.
Chief of Dermatological Service
M.G.H.

*Fiumara, Nicholas J.
Clinical Associate, Dermatology
Department of Public Health
15 Ashburton Place, Boston, Mass. 02108

Flacke, Joan W., *Anesthesia* '64
c/o Dr. Werner Flacke, Univ. of Arkansas Medical Center
Little Rock, Arkansas

Flagg, James A., *Anesthesia* '55
Bridgeport Hospital
Bridgeport, Conn. 06610

Flanagan, Joseph M., *Medicine* '66
H.M.S.

Flanagan, Norris B., *Psychiatry* '40
203 Grove Street
Wellesley, Mass. 02181

Flaxman, B. Alan, *Dermatology* '65
200 W. Mermaid Lane, Chestnut Hill, Mass. 19118

Fleischli, Donald J., *Radiology* '67
11 Symmes Road, Winchester, Mass. 01890

*Fleming, T. Corwin, *Neurology* '61
Assistant in Neurology
208 Beacon Street, Boston, Mass. 02116

Flook, Samuel E., *Orthopedic* '40
137 North Main Street, Dayton, Ohio 45402

Florence, David W., *Orthopedic* '60
205 S. Rhode Island Street, Minneapolis, Minn. 55426

*Flores-Calle, Jorge
Research Fellow, Medicine
M.G.H.

Floyd, Cleveland, *Medicine* '04
55 Appleton Street, Cambridge, Mass. 02138

Flynn, Chester J., *Anesthesia* '66
Baylor Medical College
Department of Physiology, Houston, Texas 77025

*Flynn, Robert E.
Assistant Neurologist
736 Cambridge Street, Brighton, Mass. 02135

*Folch-Pi, Jordi
Director of Scientific Research (McL)
McL.

Foldes, Francis F., *Anesthesia* '43
Montefiore Hospital
Bronx, N.Y. 10467

Foley, F. Daniel, *Pathology* '64
434 Spaceway Drive, San Antonio, Texas 78239

Folkman, M. Judah, *Surgery* '65
C.H.M.C.

Folsom, Hugh F., *Medicine* '31
West Townshend, Vt. 05353

*Foote, Warren E.
Assistant Psychologist, Psychiatry
M.G.H.

*Forbes, Anne P.
Associate Physician
M.G.H.

Forbes, Cecile Politis, *Children's* '56
Dodge Road, Woodstock, Conn. 06281

Ford, Amasa B., *Medicine* '52
Benjamin Rose Hospital
Cleveland, Ohio 44106

*Ford, Henry C.
Research Fellow in Biochemistry (Medicine)
M.G.H.

Forget, Bernard G., *Medicine* '65, *Pathology* '68
600 Main Street, Warren, R.I. 02885

Fornshell, Robert P., *Orthopedic* '58
85 Osborne Street, Danbury, Conn. 06810

Forrester, Deborah M., *Radiology* '68
University of Southern California
Los Angeles, Calif. 90007

Fort, Frank L., *Orthopedic* '22
107 W. Gaines Street, Tallahasee, Fla. 32301

*Foster, Gerald S., *Medicine* '53
Physician
M.G.H.

Fowler, Charles B., *Orthopedic* '29
Box 95, Aptos, Calif. 95003

Fowler, Dwight M., *Surgery* '46
Cove St., Duxbury, Mass. 02332

*Fowler, Joseph W., III
Assistant Pediatrician
101 Amesbury Street, Lawrence, Mass. 01840

Fox, Brendan M., *Urology* '63
20 Ashley St., Hartford, Conn. 06105

*Fozard, James L.
Assistant Psychologist, Psychiatry
Veterans Administration Clinic
17 Court St., Boston, Mass. 02108

Fraley, Edwin E., *Surgery* '63, *Urology* '66
National Cancer Institute
Bethesda, Md. 20014

Frame, Boy, *Medicine* '55
Henry Ford Hospital
Detroit, Mich. 48202

Francis, Lewis, *Anesthesia* '50
3022 Breckenwood Dr., Lexington, Ky. 40502

*Frank, Thomas, *Children's* '53
Clinical Associate in Pediatrics; Assistant Attending Psychiatrist (McL)
134-A Brattle St., Cambridge, Mass. 02138

*Frankel, Freddy H.
Assistant Psychiatrist
B.I.H.

*Franklin, John Edward, Jr.
Resident, Medicine
M.G.H.

*Franklin, William
Associate Physician
One Hawthorne Place, Boston, Mass.

Franseen, Clifford C., *Surgery* '32
110 Francis St., Boston, Mass. 02215

Franseen, Elmer F., *Orthopedic* '47
780 Chestnut St., Springfield, Mass. 01107

Franz, Elmer M., *Orthopedic* '48
1750 Race St., Denver, Colo. 80206

Frazier, Howard S., *Medicine* '55
B.I.H.

Frederick, Elizabeth Schell, *Medicine* '66
5 Ave. des Courses
Bruxelles 5, Belgium

*Freedberg, Irwin M., *Dermatology* '60
Clinical Associate in Dermatology
B.I.H.

Freedman, Harold J., *Children's* '28
Health Department, Wentworth Inst.
550 Huntington Avenue, Boston, Mass. 02115

Freeman, Don W., *Children's* '35
112 N. Burnett Avenue, Denison, Texas 75020

Freeman, Joel B., *Surgery* '69
Royal Victoria Hospital
Montreal, Quebec, Canada

Freeman, Norman E., *Surgery* '35
Box 62, Ensenada, Mexico 00100

Frieberg, Joseph A., *Orthopedic* '26
7154 Knoll Road, Cincinnati, Ohio 45237

Freinkel, Ruth K., *Dermatology* '57
Northwestern University, School of Medicine
Chicago, Ill. 60611

*Fremont-Smith, Maurice
Honorary Physician
off Forest Street, Manchester, Mass. 01944

*French, Perrin L.
Resident Psychiatrist (McL)
McL.

Freymann, John G., *Medicine* '51
Director of Education
Hartford Hospital
Hartford, Conn. 06115

*Friedlich, Allan L., *Medicine* '48
Physician
Zero Emerson Place, Boston, Mass. 02114

Friedman, Clarence F., *Children's* '23
400 Rugby Road, Brooklyn, N.Y. 11226

*Friedman, Leonard J., *Medicine* '56
Assistant Attending Psychiatrist (McL)
26 Fairlawn St., Lexington , Mass. 02173

*Friedman, Mathew Joel
Resident in Psychiatry
M.G.H.

Friedman, Stanford B., *Children's* '60
University of Rochester School of Medicine and Dentistry
Rochester, N.Y. 14620

Fritz, William F., *Medicine* '51
2 West University Parkway, Baltimore, Md. 21218

*Froese, Alison, B.D.
Resident in Anesthesia
M.G.H.

*Fromer, John L.
Clinical Associate, Dermatology
605 Commonwealth Avenue, Boston, Mass. 02215

Frost, Harold M., *Surgery* '15
Friendship, Maine 04547

Frost, Robert G., *Anesthesia* '61
4th and Randall Way, Box 1253, Carmel, Calif. 93921

Fu, Wen S., *Children's* '26

Fuchs, Pablo, *Surgery* '42
3a Ave., 7-34, Guatemala City, Guatemala

Fuldner, Russell V., *Orthopedic* '39
178 Sherman Ave., New Haven, Conn. 06511

Fuller, Henry, *Medicine* '29
210 Hibriten Way, Lakeland, Fla. 33802

*Fuller, Thomas C.
Research Fellow, Surgery
M.G.H.

*Funkenstein, H. Harris
Assistant Resident, Neurology.
M.G.H.

Funsch, Robert E., *Orthopedic* '51
6744 Clayton Rd., St. Louis, Mo. 63117

*Furman, Eric B.
Assistant Anesthetist
M.G.H.

Fuson, W. Arthrur, *Radiology* '27
520 Pleasant View, Trenton, Mo. 64683

*Gabel, Joseph C.
Assistant in Medicine
M.G.H.

Gabuzda, Thomas G., *Medicine* '57
Jefferson Medical College
Philadelphia, Pa. 19107

Gada, Preston H., *Surgery* '68
1300 St. Mary's Street, Raleigh, N.C. 27605

Gaffney, Thomas E., *Medicine* '59
National Heart Institute
Bethesda, Md. 20014

Galbraith, Nicoll F., Jr., *Surgery* '64
808 13th Ave., Modesto, Calif. 95354

Galdabini, James J., *Pathology* '69
4500th USAF Hospital
Langley Air Force Base
Hampton, Va. 23365

Gall, Edward A., *Pathology* '37
Cincinnati General Hospital
Cincinnati, Ohio 45229

Gallagher, Francis P., *Psychiatry* (McL) '66
1700 Beacon Street
Waban, Mass. 02168

*Gallagher, William F., Jr., *Dermatology* '67
Clinical Associate, Dermatology
36 Adams Street, Quincy, Mass. 02169

Gallia, Francis J., *Radiology* '68
Harrisburg Hospital
Harrisburg, Pa. 17101

*Gamble, Alan A.
Research Fellow in Medicine
M.G.H.

*Gambill, John D.
Assistant Resident, Psychiatry
M.G.H.

Gammon, William M., *Children's* '32
Central Bldg., Bristol, Tenn. 37620

*Ganz, Robert N., *Children's* '25
Board of Consultation, Children's Service
M.G.H.

*Garcelon, Gerald G.
Clinical Associate, Surgery
2000 Washington Street, Newton Lower Falls, Mass. 02162

*Gardella, Joseph W., *Medicine* '46
Assistant Physician
H.M.S.

Gardiner, William J., *Medicine* '29
Toronto General Hospital
Toronto, Canada

Gardner, George E., *Children's* '39, *Psychiatry* (McL) '40
Judge Baker Guidence Center
295 Longwood Avenue, Boston, Mass. 02115

Gardner, Laurence B., *Medicine* '69
Hospital of the University of Pennsylvania
Philadelphia, Pa. 19104

Gardner, Lytt I., *Children's* '47
Upstate Medical Center Hospitals
Syracuse, N.Y. 13210

*Gardner, Richard C.
Clinical & Research Fellow, Medicine
M.G.H.

*Gardner-Medwin, David
Clinical & Research Fellow in Neurology M.G.H.

*Garg, Hari G.
Research Fellow in Biochemistry (Medicine)
M.G.H.

*Garg, Shankar L.
Clinical & Research Fellow, Medicine
M.G.H.

*Garland, Joseph, *Children's* '19, *Medicine* '21
Honorary Physician
15 Fairway Road, Chestnut Hill, Mass. 02167

*Garland, Rebecca C.
Research Fellow in Medicine
M.G.H.

*Garran, Frank W., Jr., *Surgery* '55
Clinical Associate, Surgery
40 Lewis Bay Road, Hyannis, Mass. 02601

Garren, Leonard, *Medicine* '62
Yale University School of Medicine
New Haven, Conn. 06520

Garrett, John C., *Surgery* '70
162 Erie Road, Columbus, Ohio

*Garrett, John W.D., *Anesthesia* '41
Associate Anesthetist
63 Atlantic Avenue, Boston, Mass. 02110

Garrey, Walter E., *Surgery* '36
585 Main Street, Malden, Mass. 02148

Garrigues, Henry B., *Surgery* '40
1301 Columbia Street, Seattle, Wash. 98104

*Garrison, Penelope K.
Assistant Resident, Children's Service
M.G.H.

Garrity, Richard W., *Neurosurgery* '50
3300 6th Avenue, San Diego, Calif. 92103

Gashgai, Abdollah, *Surgery* '63
300 Main Street, Lewiston, Maine 04240

Gaston, Lamont W., *Medicine* '56
112 E. Mermod Avenue, Kirkwood, Mo. 63122

Gates, Philip H., *Psychiatry* (McL) '42
244 Townsend Street, Roxbury, Mass. 02121

*Gauld, A. Gordon, *Surgery* '34
Board of Consultation, Surgery
110 Francis Street, Boston, Mass. 02215

Gaunt, Frank P., *Surgery* '13
203 W. Cedar Avenue, St. Louis, Mo. 63119

Gauthier, Jacqueline, *Psychiatry* '57, Psychiatry (McL) '59
Heartbreak Road, Ipswich, Mass. 01938

Gay, Leslie N., *Medicine* '18
1114 St. Paul Street, Baltimore, Md.

*Geffin, Bennie
Associate Anesthetist
M.G.H.

Geiger, Ronald H., *Orthopedic* '70
Chief Resident, Orthopedic Surgery
M.G.H.

Gelb, Lawrence D., *Medicine* '69
National Institutes of Health
Bethesda, Md. 20014

Gelehrter, Thomas D., *Medicine* '65
5908 Johnson Avenue, Bethesda, Md. 20014

*Gelenberg, Alan J.
Assistant Resident, Psychiatry
M.G.H.

*Geller, Eran
Assistant Resident, Anesthesia
M.G.H.

*Geller, Max
Assistant Attending Psychiatrist
(McL)
B.I.H.

Gens, John P., *Urology* '43
71 East Avenue, Norwalk, Conn. 06851

Gentry, Robert W., *Surgery* '43
65 N. Madison Avenue, Pasadena, Calif. 91101

*Gentzler, Richard D., II
Assistant Resident, Medicine
M.G.H.

George, H. Louis, Jr., *Children's* '30
320 Holcomb Street, Watertown, N.Y. 13601

George, Jack M., *Medicine* '65
Ohio State University School of Medicine
Columbus, Ohio 43210

*Gephart, F. Thomas, *Surgery* '48
Board of Consultation, Surgery
Massachusetts Medical Society
22 Fenway, Boston, Mass. 02215

*Gergely, John
Biochemist, Neurology
R.F.

Germanos, Khalil, *Orthopedic* '63
rue Abdel Wahab el Inglizi, Beirut, Lebanon

Gevalt, Frederick C., Jr., *Medicine* '43
Sharon Clinic
Sharon, Conn. 06069

*Gezon, Horace M.
Consultant in Pediatrics
B.C.H.

Gibbs, Richard F., *Anesthesia* '62
B.L.I.

Gibson, George C., *Surgery* '44
644 Tennessee Street, Valejo, Calif. 94590

Gibson, James M., *Pathology* '65
Chelsea Naval Hospital
Chelsea, Mass. 02150

Gibson, John G., *Psychiatry* '51
Department of Mental Health
Queen's University of Belfast
Belfast, Northern Ireland

*Gibson, Robert C.
Resident in Medicine
M.G.H.

Giddings, W. Philip., *Surgery* '46
129 Elm Street, Bennington, Vt. 05201

*Gieske, Judith P., *Children's* '67
Clinical Fellow, Pediatrics
M.G.H.

Gilbert, Allen C., *Urology* '23
Veterans Administration Hospital
Walla Walla, Wash. 99362

*Gilbert, Jeffrey M.
Assistant Resident, Psychiatry
M.G.H.

Giles, Robert B., Jr., *Medicine* '56
1719 Pacific Avenue, Dallas, Texas 75201

*Gill, Benjamin F.
Associate Psychiatrist
168 Homer Street, Newton Centre, Mass. 02159

*Gill, Peter Lawrence
Assistant Psychologist, Psychiatry
44 Bradford Road, Wellesley Hills, Mass. 02181

Gillies, Alastair J., *Anesthesia* '52
Strong Memorial Hospital
Rochester, N.Y. 14620

Gillies, Hamish G., *Orthopedic Surgery* '70
c/o Commonwealth Fund
1 E. 75th Street, New York, N.Y. 10021

*Gilmore, Edward B., *Medicine* '67
Resident in Medicine
M.G.H.

*Gimbrone, Michael A., Jr.
Intern in Surgery
M.G.H.

Ginandes, Shepard C., *Children's* '52
Fairhaven Hill
Concord, Mass. 01742

Ginsberg, Myron D., *Neurology* '70
10504 Montrose Ave., Apt. 102, Bethesda, Md. 20014

*Girey, George J.D.
Clinical & Research Fellow, Medicine
M.G.H.

Gittes, Ruben F., *Surgery* '62, *Urology* '67
UCLA School of Medicine
Los Angeles, Calif. 90024

Glass, Andrew C., *Children's* '67
National Cancer Institute
Bethesda, Md. 20014

*Glass, D. David
Assistant Resident, Anesthesia
M.G.H.

Glendy, Margaret Moriarty, *Children's* '34
3806 Heatherton Road, S.W.
Roanoke, Va. 24014

Glendy, R. Earle, *Medicine*, '34
3806 Heatherton Road, S.W., Roanoke, Va. 24014

Glenn, William L., *Surgery* '46
Yale University School of Medicine
New Haven, Conn. 06520

Glick, John L., *Medicine* '70
9 Belmont Avenue, Brattleboro, Vermont 05302

*Glick, Thomas H.
Assistant Resident, Neurology
M.G.H.

*Glicklich, Earl A.
Assistant Dermatologist
403 Commonwealth Avenue, Boston, Mass. 02215

Glimcher, Melvin J., *Surgery* '53
Orthopedic '56
C.H.M.C.

*Glines, George A.
Assistant in Pediatrics
8 Porter Street, Melrose, Mass. 02176

Globus, Gordon G., *Psychiatry* (McL) '61
NIMH, 5454 Wisconsin Avenue,
Bethesda, Md. 20014

Glotzer, Donald J., *Pathology* '59, *Surgery* '60
B.I.H.

Glover, Donald M., *Surgery* '22
2507 Guilford Road, Cleveland Heights, Ohio 44118

Glueck, Charles J., *Medicine* '66
Gen. Clinical Research Unit
Cincinnati General Hospital
Cincinnati, Ohio 45229

*Glueck, Michael A., *Radiology* '69
Resident in Radiology
M.G.H.

*Godleski, John J.
Assistant Resident, Pathology
M.G.H.

*Godley, Anne F., *Medicine* '50
Assistant in Medicine
21 Sargent Crossway, Brookline, Mass. 02146

Goeringer, C. Frederick, *Orthopedic* '40
623 North Broad Street, Lansdale, Pa. 19446

Goettsch, Elvira, *Children's* '31
183 Third Avenue, Chula Vista, Calif. 92010

Goetz, Frederick C., *Medicine* '54
University of Minnesota Hospitals
Minneapolis, Minn. 55455

Gold, Gerald N., *Surgery* '64, *Neurosurgery* '70
717 Encino Place, Albuquerque, New Mexico 87106

*Gold, Herman K.
Clinical & Research Fellow, Medicine
M.G.H.

Gold, Howard E., *Children's* '69
392 & AAESOP MED. GP. (MS)
Vandenberg Air Force Base
Calif. 93437

Goldberg, Alan H., *Anesthesia* '60
B.C.H.

Goldberg, Leon I., *Medicine* '58
Emory University School of Medicine
Atlanta, Ga. 30322

Goldberg, Michael J., *Orthopedic* '69
C.H.M.C.

*Goldblatt, Allan
Assistant Physician; Associate Pediatrician
M.G.H.

Goldblatt, Myron E., *Medicine* '26
784 Park St., New York, N.Y. 10021

Golden, Ross, *Radiology* '21
585 B Avendia Majorca
Laguna Hills, Calif. 92653

*Golden, Theodore S.
Clinical Associate, Pediatrics
250 Franklin Street, Framingham, Mass. 01701

Goldfein, Michael L., *Children's* '69
c/o Lurie
13 Buchanan Road, Marblehead, Mass. 01945

*Goldfinger, Stephen E., *Medicine* '65
Assistant Physician
M.G.H.

Goldman, John M. *Medicine* '70
The Hammersmith Hospital
Du Cave Rd., London, W. 12, England

Goldman, Gerald C., *Dermatology* '69
123 Gould Street, Needham, Mass. 02192

*Goldman, Donald A.
Assistant Resident, Medicine
M.G.H.

Goldsmith, Lauren H., *Children's* '23
220 College Ave., Athens, Ga. 30601

*Goldsmith, Lowell A.
Assistant Dermatologist
M.G.H.

*Goldstein, Gary S.
Assistant in Oral Surgery
B.H.H.C.

Goldstein, Joseph L., *Medicine* '68
Univ. of Washington School of Medicine
Seattle, Washington

Goldthwait, Joel C., *Pathology* '48
1180 Beacon Street, Brookline, Mass. 02146

Gomatos, Peter J., *Medicine* '59
Rockefeller Institute for Medical Research
66th and York Avenue, New York, N.Y. 10021

*Gonzales, Francisco (Sastre)
Assistant Biochemist (McL)
McL.

Goodale, Fairfield, Jr., *Pathology* '54
Medical College of Virginia
Richmond, Va. 23219

Goodman, Derek J., *Radiology* '70
149 Berkeley Street, W. Newton, Mass. 02165

*Goodman, Max L.
Assistant Pathologist
M.E.E.I.

Goodson, William H., Jr., *Psychiatry* (McL) '63
1308 E. Clinton Avenue, Huntsville, Ala. 35801

Gordon, Arnold M., *Children's* '29
4406 Greenwood Drive, Des Moines, Iowa 50312

Gordon, Edgar S., *Pathology* '35
University Hospitals
Madison, Wis. 53706

*Gordon, John E.
Consultant in Preventive Medicine
M.I.T.

Gordon, Philip S., *Dentistry* '55
341 Main Street, West Haven, Conn. 06516

Gore, Charles P., *Psychiatry* '52
Dunollie Station Road, Menston, England

Gorman, Mary L. Gannon, *Neuropathology* '47
159 Main Street, Kingston, N.Y. 12402

Gorman, Rosemary V., *Medicine* '45
626 Westminster Ave., Elizabeth, N.J. 07208

*Gottlieb, Sheldon K.
Assistant Resident, Dermatology
M.G.H.

Gotto, Antonio M., Jr., *Medicine* '67
National Heart Institute
Bethesda, Md. 20014

Gottschalk, Carl W., *Medicine* '52
University of North Carolina School of Medicine
Chapel Hill, N.C. 27514

Goudsouzian, Nishan G., *Anesthesia* '68
05282341 U.S. Army Hospital
Fort Gordon, Geo. 30905

Goulian, Mehran, *Medicine* '61
Department of Medicine
University of Chicago
Chicago, Ill. 60637

*Gouveia, William A.
Assistant in Computer Science
M.G.H.

*Gracia, Robert M.
Intern, Oral Surgery
M.G.H.

Graeser, James B., *Medicine* '29
298 Grand Avenue, Oakland, Calif. 94610

Graham, Charles P., *Surgery* '35, *Neurosurgery* '36
304 North 11th Street, Wilmington, N.C. 28401

Graham, John M., *Biochemical Res.* '70
Imperial Cancer Research Institute
London, England

*Graham, John R., *Medicine* '36
Clinical Associate, Medicine
Faulkner Hospital
Jamaica Plain, Mass. 02130

Grainger, David W., *Orthopedic* '67
Virginia Mason Hospital
Seattle, Wash. 98101

Grand, Richard J., *Medicine* '70
C.H.M.C.

Grant, George J.M., *Dermatology* '32
9 Central Street, Lowell, Mass. 01852

Grant, Lester H., *Medicine* '57
New York University Medical Center
New York, N.Y. 10016

Grave, Gilman D., *Medicine* '68
c/o Dr. Sokoloff, National Institutes of Health
Rockville Pike, Bethesda, Md. 20014

Gray, Sheila H., *Psychiatry* (McL) '61
4740 Chevy Chase Dr., Chevy Chase, Md. 20015

Graybiel, Ashton, *Medicine* '32
Box 4063, Warington, Fla. 32507

Greeley, Hugh P., *Medicine* '10
1901 Monroe St., Madison, Wis. 53711

*Green, Sidney, *Psychiatry* (McL) '65
Clinical Associate in Psychiatry;
Assistant Attending Psychiatrist (McL)
1935 Beacon St., Waban, Mass. 02168

*Green, Thomas H., Jr., *Surgery* '53
Associate Visiting Surgeon
8 Hawthorne Pl., Boston, Mass. 02114

Green, William T., Jr., *Orthopedic* '66
C.H.M.C.

Greenberg, Doris M., *Children's* '68
163 Collins Dr., Travis Air Force Base, Fairfield, Calif. 94535

Greenberg, Jack J., *Surgery* '64
Mount Sinai Hospital
Miami Beach, Fla. 33140

Greenberg, Martin H., *Children's* '67
B.L.I.

*Greenberg, Ramon M.
Assistant Attending Psychiatrist (McL)
McL.

Greene, D. Crosby, Jr., *Children's* '40
Rosewood Hospital
Owing Mills, Md. 21117

Greene, Gerald S., *Orthopedic* '48
85 Jefferson St., Hartford, Conn. 06103

*Greene, Mark H.
Intern in Medicine
M.G.H.

Greene, Martin L., *Medicine* '67
Division of Gastroenterology, University of Washington
Seattle, Washington 98105

Greene, Nicholas M., *Anesthesia* '51
Grace-New Haven Community Hospital
New Haven, Conn. 06504

Greene, Reginald E., *Radiology* '68
Post Graduate Medical School, Respiratory Research Group, Department of Medicine
Ducane Road, London, W. 12, England

Greene, Richard W., *Medicine* '45
600 E. Genesee St., Syracuse, N.Y. 13202

Greene, Robert G., *Orthopedic* '53
63 S. Fullerton Ave., Montclair, N.J. 07042

*Greenes, Robert A.
Assistant Computer Scientist, Medicine
M.G.H.

Greenhill, Maurice H., *Psychiatry* '39
Director of Psychiatric Services
The Hospital of the Albert Einstein College of Medicine
1825 Eastchester Rd., Bronx, N.Y. 10461

*Greenleaf, David T., *Children's* '67
Assistant Resident, Orthopedic Surgery
M.G.H.

*Greenquist, Alfred C.
Research Fellow, Medicine
M.G.H.

*Greenwald, Michael A.
Assistant Resident, Dermatology
M.G.H.

Greenwood, Frederick A.H., *Orthopedic* '59
Montreal General Hospital
Montreal, Canada

Greep, Jacobus M., *Surgery* '64
Lisztlaan, Rotterdam 13,
The Netherlands

*Gregg, Ward I., *Surgery* '35
Board of Consultation, Surgery
1269 Beacon Street, Brookline, Mass. 02146

Gregory, Harold E., *Children's* '42
248 Court Street, Keene, N.H. 03431

Gregory, Robert A., *Neurology* '33
Provincial Hospital
Lancaster, N.B., Canada

Grier, Robert S., *Medicine* '43
4925 Trinity Drive, Los Alamos, N.M. 87544

*Griesemer, Robert D., *Dermatology* '49
Clinical Associate in Dermatology
P.B.B.H.

*Griffith, David D., *Psychiatry* (McL) '69
Clinical Fellow, Psychiatry (McL)
McL.

Griffith, Donald P., *Surgery* '64
M.E.E.I.

Griffith, John F., *Neurology* '65
Department of Pediatrics
Duke University School of Medicine
Durham, N.C. 27706

Griggs, John B., *Children's* '29
Breezy Hill Road, R.D., Collinsville, Conn. 06022

*Grillo, Hermes C., *Surgery* '55
Visiting Surgeon
M.G.H.

Griner, Paul F., *Medicine* '64
University of Rochester Medical Center
Rochester, N.Y. 14620

Griscom, N. Thorne, *Children's* '58, *Radiology* '63
C.H.M.C.

*Groome, Barbara A., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

Gross, Brian H., *Anesthesia* '68
11824 - 227th Street, Cambria Heights (Queens), New York, N.Y. 11411

*Gross, Jerome
Biologist, Medicine
M.G.H.

*Grossman, Jerome H.
Assistant Physician
M.G.H.

Grossman, Milton S., *Children's* '59
Mt. Sinai Hospital of Greater Miami
4300 Alton Road, Miami Beach, Fla. 33140

*Grove-Rasmussen, Morten
Director of Blood Bank and Transfusion Service
M.G.H.

*Grover, John W., *Surgery* '59
Assistant Surgeon
One Hawthorne Place, Boston, Mass. 02114

Groves, Laurence K., *Surgery* '47
Cleveland Clinic Foundation
2020 East 93rd Street, Cleveland, Ohio 44106

Guardo, James L., *Neurosurgery* '31
Chebeague Island, Maine 04017

Guarino, Arthur V., *Pathology* '69
H.C. Moffit University of California Hospital
Parnassus Avenue, San Francisco, Cal. 94122

*Guggenheim, Frederick G.
Assistant Psychiatrist
M.G.H.

Guiney, Edward J., *Surgery* '64
36 Merlyn Rd., Dublin, Ireland

*Guiney, Timothy E.
Clinical & Research Fellow, Medicine
M.G.H.

Guller, Erastus I., *Children's* '24
Box 56, Croghan, N.Y. 13327

Gundersen, A. Erik, *Surgery* '62
Gundersen Clinic
La Crosse, Wis. 54601

Gundersen, Adolf L., *Surgery* '55
Gundersen Clinic
La Crosse, Wis. 54601

Gundersen, Sigurd B., Jr., *Surgery* '54
Gundersen Clinic, La Crosse, Wis. 54601

Gundersen, Sven M., *Medicine* '31
Hitchcock Clinic,
Hanover, N.H. 03755

Gundersen, Thorolf E., *Neurology* '41
Gundersen Clinic, La Crosse, Wis. 54601

*Guralnick, Walter C.
Chief of the Department of Oral Surgery
188 Longwood Avenue, Boston, Mass 02115

Guss, Stephen B., *Dermatology* '70
National Institutes of Health
Bethesda, Md. 20014

*Guthrie, Andrew D., Jr.
Associate Pediatrician
M.G.H.

Guthy, Erik A., *Surgery* '70
Timmermannsweg 2, 3011 Bemerode, Germany

Guyton, Arthur C., *Surgery* '46
University of Mississippi Medical Center
Jackson, Miss. 39216

Guzzetta, Joseph A., *Radiology* '70
13 Freeman Street, N. Quincy, Mass. 02171

*Haas, Melvyn L.
Assistant Resident, Neurology
M.G.H.

*Habener, Joel F.
Research Fellow, Medicine
M.G.H.

*Haber, Edgar, *Medicine* '62
Physician
M.G.H.

*Hackett, Thomas P.
Associate Psychiatrist
M.G.H.

Hadler, Nortin M., *Medicine* '70
N.I.A.M.D.
National Institutes of Health
Bethesda, Md. 20014

*Hadley, Terry P.
Assistant Resident, Dermatology
M.G.H.

Haendel, Frank, *Psychiatry* (McL) '65
Pinebrook Farm, Brook St., Carlisle, Mass. 01741

*Haessler, Herbert A., *Children's* '60
Assistant Pediatrician
Scientific Engineering Inst.
140 Fourth Avenue, Waltham, Mass. 02154

Haggart, G. Edmund, *Medicine* '20
Jordan Hospital, Plymouth, Mass. 03260

*Hagopian, Peter B.
Clinical Associate, Psychiatry
D.S.H.

Haines, Samuel F., *Medicine* '21
Mayo Clinic
Rochester, Minn. 55901

Hairabet, John K., *Anesthesia* '70
Kimbrough Army Hospital
Fort George G. Meade
Maryland 20755

Hajek, Joseph V., *Surgery* '67
Hospital For Special Surgery
New York N.Y. 10021

Hakala, Thomas R., *Surgery* '63, *Urology* '67
14 Enid Court, Potomac, Md. 20854

Hale, Clayton H., *Radiology* '43
1200 E. Genesee St., Syracuse, N.Y. 13210

Halford, Margaret D.A., *Biochemistry* '70
Box 753F, G.P.O., Melbourne, Australia

Hall, Buford, *Medicine* '46
40 S. Clay St., Hinsdale, Ill. 60521

Hall, Francis C., *Medicine* '18
1180 Beacon St., Brookline, Mass. 02146

Hall, Hugh D., *Dentistry* '59
Division of Oral Surgery, Vanderbilt School of Medicine
Nashville, Tenn. 37203

Hall, Marshall G., *Pathology* '34
Orford, N.H. 03777

Hall, Robert G., *Medicine* '10
731 South East 41st St., Portland, Ore. 97214

Hall, Thomas C., *Medicine* '54
390 Wellington Ave., Rochester, N.Y. 14619

Halldorsson, Thorlakur S., *Children's* '67
Stigahlid 8, Reykjavik, Iceland

Hallenbeck, Dorr F., Jr., *Psychiatry* '49, *Psychiatry* (McL) '51
Lowell Road, Concord, Mass. 01742

Hallgrimsson, Jonas, *Pathology* '64
University of Iceland
P.O. Box 150, Reykjavik, Iceland

*Hallowell, Phillips, *Anesthesia* '55
Anesthetist
M.G.H.

Halsted, James A., *Medicine* '32
V.A. Hospital
50 Irving Street, N.W., Washington, D.C. 20422

Halverstadt, Donald B., *Surgery* '61, *Urology* '66
University of Oklahoma Medical Center
Oklahoma City, Okla. 73104

Hamilton, Carlos R., Jr., *Medicine* '70
The Johns Hopkins Hospital
601 N. Broadway, Baltimore, Md. 21205

Hamilton, Harold H., *Surgery* '33
70 Court St., Plymouth, Mass. 02360

Hamilton, Howard B., *Children's* '45
901 S. Emerson Ave., Indianapolis, Inc. 46203

Hamilton, John W., *Neurology* '70
3011 Fox Spring Road, Augusta, Georgia

*Hamlin, Edward, Jr., *Surgery* '39
Board of Consultation, Surgery
Potomska Rd., S. Dartmouth, Mass.

*Hamlin, Hannibal, *Neurosurgery* '42
Visiting Neurosurgeon, Board of Consultation
270 Benefit St., Providence, R.I. 02903

Hammond, Graeme L., *Surgery* '68
Southampton Chest Hospital
Southampton, England

*Hammond, M. Elizabeth H.
Assistant Resident, Pathology
M.G.H.

Hammond, William, *Pathology* '29
36 Crane Rd., Scarsdale, N.Y. 10583

Han, Man Chung, *Radiology* '70
P.B.B.H.

*Hanelin, Joseph
Clinical Associate, Radiology
27 W. Central St., Natick, Mass. 01760

*Hanna, Eleanor Z.
Clinical & Research Fellow in Psychology (Psychiatry) M.G.H.

Hansen, Robert H., *Anesthesia* '57
286 Marion Dr., Baton Rouge, La. 70806

Hanser, Theodore H., *Medicine* '24
3701 Grandel Sq., St. Louis, Mo. 63108

Haralambie, James Q., *Children's* '36
32 Bonnie Way, Larchmont, N.Y. 10538

Harden, Lewis B., *Oral Surgery* '66
2709 Rainbow Drive, Cedar Falls, Iowa 50613

Harder, Hans J., *Anesthesia* '52
Schwabiner Krankenhaus, Städt, Sparkasse, Munchen 23, Germany

*Hardy, Harriet L.
Associate Physician
Medical Department, M.I.T.

*Hardy, Irad B., *Surgery* '42
Clinical Associate, Surgery
84 South Street, Waltham, Mass. 02154

*Harford, Thomas C.
Assistant Psychologist, Psychiatry
17 Court Street, Boston, Mass. 02108

*Harley, Barbara M., *Children's* '69
Clinical & Research Fellow, Pediatrics
M.G.H.

Harper, David T., Jr., *Medicine* '63
4857 Truesdale Avenue, Baltimore, Md. 21206

*Harper, Elvin
Research Fellow, Medicine
M.G.H.

*Harper, Robert S., *Pathology* '58
Clinical Assistant, Pathology
Memorial Hospital
119 Belmont St., Worcester, Mass. 01605

Harrington, John T., Jr., *Medicine* '67
National Cancer Institute
Bethesda, Md. 20014

Harris, Eddie H., *Psychiatry* '64, *Psychiatry* (McL) '65
P.O. Box 183
Winchester, Mass. 01890

Harris, Edward D., Jr., *Medicine* '67
Dept. of Medicine
Dartmouth Medical School
Hanover, N.H.

Harris, H. Patterson, Jr., *Neurosurgery* '36
382 Mill Hill Lane, Southport, Conn. 06490

Harris, Jerry L., *Pathology* '70
6461 Ardleigh St., Philadelphia, Pa.

Harris, W. Robert, *Orthopedic* '52
170 St. George St., Toronto, Canada

*Harris, William H., *Orthopedic* '59
Visiting Orthopedic Surgeon
266 Beacon St., Boston, Mass. 02116

Harrison, Elizabeth R., *Children's* '29
255 Bradley St., New Haven, Conn. 06510

Harrison, Marlow B., *Medicine* '38
2000 Van Ness Ave., San Francisco, Calif. 94109

*Harrison, Michael R.
Assistant Resident, Surgery
M.G.H.

Harrison, Timothy S., *Surgery* '59
American University of Beirut
Beirut, Lebanon

Harter, John S., *Surgery* '35
Medical Arts Bldg.
Louisville, Ky. 40217

*Harthorne, J. Warren
Assistant Physician
M.G.H.

Harting, Donald, *Children's* '47
National Institutes of Health
Bethesda, Md. 20014

Hartwig, Arthur R., *Orthopedic* '48
490 Post St., San Francisco, Calif. 94102

Harty, John E., *Psychiatry* (McL) '39
R-3, Route 6, Southbury, Conn. 06488

Harvey, Richard B., *Medicine* '46
251 Edwards St., New Haven, Conn. 06511

*Harwood, Reed, *Medicine* '36
Associate Physician
M.G.H.

Hashimoto, Ken, *Dermatology* '59
Boston Dispensary
25 Bennet St., Boston, Mass. 02128

Haswell, Howard P., *Anesthesia* '49
6 Carnoustie Road, Novato, Cal. 94947

*Hatcher, Victor B.
Research Fellow, Biochemistry (Med.)
M.G.H.

*Hatfield, Philip M., *Radiology* '69
Resident, Radiology
M.G.H.

Hathaway, John S., *Medicine* '32
435 College St., New Haven, Conn. 06520

*Hattori, Hiromichi
Clinical & Research Fellow, Surgery
S.B.I.

*Hauser, George P.
Associate Biochemist (McL)
McL.

Haut, Arthur, *Medicine* '53
University of Arkansas Medical Center
Little Rock, Ark. 72201

Hawes, Cornelius H., *Surgery* '31
458 Maple St., Fall River, Mass. 02720

Hawes, Lloyd E., *Medicine* '39, *Children's* '40, *Radiology* '42
P.B.B.H.

Hawkes, Richard S., *Medicine* '33
233 Vaughan St., Portland, Me. 04102

Hawkins, Ralph L., *Neurosurgery* '48
571 Hamilton Ave., Palo Alto, Calif. 94301

Haycox, James A., *Psychiatry* (McL) '56
5201 North Saddlerock, Phoenix, Ariz. 85018

*Hayden, E. Parker, *Surgery* '23
Honorary Surgeon
249 Commonwealth Avenue, Boston, Mass. 02116

*Hayden, Jay G., *Anesthesia* '69
Assistant Resident, Anesthesia
M.G.H.

Hayden, John W., *Orthopedic* '55
Gunderson Clinic, La Gross, Wis. 54601

*Hayek, Alberto
Clinical & Research Fellow, Pediatrics
M.G.H.

Hayes, Donald R., *Surgery* '39
281 State Street, Springfield, Mass. 01105

*Haynes, Harley A., *Dermatology* '70
Assistant Dermatologist
M.G.H.

Haynes, Ruth C., *Anesthesia* '55
4857 Green Acres Drive, Columbus, Ohio 43221

Haynes, Walter M., *Surgery* '56
4857 Green Acres Drive, Columbus, Ohio 43221

*Hazard, Gerald W., *Children's* '64
Assistant in Pediatrics
66 Lewis Bay Road, Hyannis, Mass. 02601

*Head, John M., *Surgery* '57
Assistant Surgeon
Zero Emerson Place, Boston, Mass. 02114

Healey, James C., *Psychiatry* (McL) '61
49 Glenbrook Road, Stamford, Conn. 06902

Heath, Clark W., *Medicine* '28
Phillips Avenue, Rockport, Mass. 01966

Heath, Parker, Jr., *Medicine* '54
Concord Medical Center
Concord, Mass. 01742

Heath, Robert D., *Orthopedic* '50
Lankenau Medical Building
Philadelphia, Pa. 19151

Hebertson, Wayne M., *Neurology* '57
975 East 1st Street, South, Salt Lake City, Utah 84102

*Hedberg, Stephen E., *Surgery* '62
Assistant Surgeon
Zero Emerson Place, Boston, Mass. 02114

*Hedley-Whyte, John
Board of Consultation, Anesthesia
B.I.H.

Heffron, Roderick, *Medicine* '31
The Commonwealth Fund
1 East 75th Street, New York, N.Y. 10021

Heggie, John F., *Medicine* '56
625 Cleveland Avenue, Columbus, Ohio 43209

Heilbronn, Yechiel D., *Neurosurgery* '68
204 Hayarkem Street, Tel Aviv, Israel

Helfant, Murray H., *Neurosurgery* '65
118 Union Avenue, Framingham, Mass. 01701

Helgeson, Norman G.P., *Pathology* '66
Baylor University Medical Center
Dallas, Texas 75246

Heller, Richard M., *Radiology* '70
Johns Hopkins Hospital
Baltimore, Maryland

*Helman, Milton E.
Assistant Dermatologist
1874 Beacon Street, Brookline, Mass. 02146

Helmholz, Henry F., Jr., *Medicine* '39
Mayo Clinic
Rochester, Minn. 55901

*Helzman, Todd F.
Resident in Psychiatry (McL)
M.G.H.

Henderson, Brian E., *Medicine* '64
Department of Virology
Communicable Disease Center
Atlanta, Ga. 30333

*Hendren, W. Hardy, *Surgery* '58
Visiting Surgeon
M.G.H.

Hendrick, Ives, *Psychiatry* (McL) '32
84 Mount Vernon Street, Boston, Mass. 02108

Henley, Thomas F., *Children's* '39
7 East 78th Street, New York, N.Y. 10021

*Henneman, Elwood
Neurophysiologist, Neurology
H.M.S.

Hennessey, John W., *Anesthesia* '70
153 Cypress Street, Brookline, Mass.

Hepburn, Robert H., *Urology* '43
85 Jefferson Street, Hartford, Conn. 06103

Herberman, Ronald B., *Medicine* '66
National Cancer Institute
Bethesda, Md. 20014

*Herbst, Arthur L., *Surgery* '62
Assistant Surgeon
Zero Emerson Place, Boston, Mass. 02114

Hermann, Gilbert, *Surgery* '61
3865 Cherry Creek N. Drive, Denver Colo. 80209

*Hermann, Howard T.
Associate Psychiatrist (McL)
McL.

Herndon, James H., *Orthopedic* '70
Valley Forge General Hospital
Phoenixville, Penn. 19460

Herpfer, Guenther E., *Anesthesia* '70
Lynn Hospital
Lynn, Mass.

Herrera, Rudolfe E., *Surgery* '46
Hospital Herrera-Llerandi
6a Ave. 8-71 Zona 10, Guatemala City, Guatemala

*Herrin, John T.
Clinical & Research Fellow, Pediatrics
M.G.H.

*Herring, John A.
Assistant Resident, Orthopedic Surgery
M.G.H.

Herrmann, John B., *Surgery* '62
Veterans Administration Hospital
Washington, D.C. 20422

Hershberg, Robert A., *Pathology* '70
Womack Army Hospital
Ft. Bragg, North Carolina 28307

Hershey, Falls B., *Surgery* '52
185 S. Kingshighway
St. Louis, Mo. 63108

*Herskovits, Joseph J.
Clinical Assistant in Medicine
M.G.H.

*Herzan, Helen M.
Assistant Psychiatrist
266 Pleasant Street, Arlington, Mass. 02174

Herzberg, Joseph H., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

*Hess, Helen H.
Associate Neuropathologist (McL)
McL.

*Hewson, James S.
Clinical Assistant, Orthopedic Surgery
Parkhurst Building, Beverly, Mass. 01915

Heyl, Henry L., *Neurosurgery* '40
Dartmouth Medical School
Hanover, N.H. 03755

Heyl, James T., *Medicine* '39
Phillips Exeter Academy
Exeter, N.H. 03833

*Hicks, Robert H., Jr.
Clinical & Research Fellow, Acting Assistant Resident, Psychiatry
M.G.H.

Hiden, Robert B., *Medicine* '25
Silver Hill Foundation
New Canaan, Conn. 06841

*Hiebert, Clement A., *Surgery* '58
Clinical Associate, Surgery
18 Bramhall Street, Portland, Maine 04102

Hiebert, John M., *Children's* '33
1450 Broadway, New York, N.Y. 10018

Hiett, Joan Kazanjian, *Children's* '59
1101 E. Pecan St., Altus, Okla. 73521

Highbee, Daniel R., *Medicine* '25
330 Franklin Street, Denver, Colo. 80218

Higgins, Robert B., *Urology* '51
23 Mosher St., South Dartmouth, Mass. 02748

*Highberger, John H.
Visiting Biochemist, Medicine
M.G.H.

*Hildebrand, Zonda J.M., *Children's* '69
Resident, Children's Service
M.G.H.

*Hilgenberg, Alan D.
Assistant Resident, Surgery
M.G.H.

Hill, Leonard W., *Children's* '35
78 Bank St., Attleboro, Mass. 02703

Hill, Norman P., *Medicine* '46
Truesdale Hospital
Fall River, Mass. 02720

*Hill, William R., Jr.
Clinical Associate, Dermatology
M.G.H.

Hills, Henry M., Jr., *Orthopedic* '42
Doctor's Park
Columbia Ave. at Mongolia, Charleston, W. Va. 25302

Hills, Oscar W., *Medicine* '43
32 North San Mateo Drive, San Mateo, Calif. 94401

Hinshaw, Arvil J., *Surgery* '47
3155 Stagg Dr., Beaumont, Texas 77701

Hirotani, Hayato, *Orthopedic Surgery* '71
C.H.M.C.

*Hirsch, Martin S.
Clinical & Research Fellow, Medicine
M.G.H.

Hirschhorn, Richard C., *Urology* '64
Hahnemann Medical College and Hospital
Philadelphia, Pa. 19102

Hirschman, Shalom Z., *Medicine* '63
Presbyterian Hospital
New York, N.Y. 10037

*Hirshfield, Irvin N.
Assistant in Biochemistry, Medicine
M.G.H.

Hitchcock, James, *Medicine* '21
Greenville, R.F.D., N.H. 03048

Hobbs, Kenneth E.F., *Surgery* '70
Bristol Royal Infirmary
Bristol, England

Hobson, Lawrence B., *Medicine* '44
Schering Corporation
60 Orange Street, Bloomfield, N.J. 07003

Hochwalk, W. Richard, *Orthopedic* '31
2300 Far Hills Avenue, Dayton, Ohio 45419

Hodges, T. Wiley, *Orthopedic* '41
9323 Garland Road, Dallas, Texas 75218

*Hodgson, John S., *Surgery* '20
Honorary Surgeon
13 Jefferson Road, Chestnut Hill, Mass. 02167

Hoeffel, Gerald N., *Children's* '23
218 Middlesex Road, Chestnut Hill, Mass. 02161

Hofer, Myron A., II, *Medicine* '60
New York State Psychiatric Institute
New York, N.Y. 10032

Hoffer, Alex, *Medicine* '62
265 Wiswall Road, Newton, Mass. 02159

*Hoffer, Edward P.
Assistant Resident, Medicine
M.G.H.

Hoffman, Nancy D., *Anesthesia* '60
130 North West 97th Street,
Miami Shores, Fla. 33153

*Hogan, Gwendolyn R.
Associate Neurologist; Associate Pediatrician
M.G.H.

Hogan, John F., *Medicine* '49, *Children's* '51
99 Catilin Avenue, Rumford, R.I. 02916

Hogg, James C., *Pathology* '70
Dept. of Radiology
McGill University
Montreal, Quebec, Canada

Holbrook, Arthur A., *Children's* '33, *Medicine* '34
425 E. Wisconsin Avenue, Milwaukee, Wis. 53202

*Holder, Richmond, *Medicine* '45, *Psychiatry* '46
Associate Psychiatrist; Associate Psychiatrist (McL)
412 Beacon St., Boston, Mass. 02115

Holihan, Joseph P., *Surgery* '43, *Anesthesia* '49
281 Haverhill St., Lawrence, Mass. 01840

*Holland, Daniel J., Jr., *Dentistry* '47
Clinical Associate, Oral Surgery
1037 Beacon St., Brookline, Mass. 02146

Holland, Jimmie C.B., *Psychiatry* '55
Edward J. Meyer Memorial Hospital,
Buffalo, N.Y. 14215

Hollander, Joshua, *Neurology* '63
Baltimore City Hospitals, Department of Gerontology
Baltimore, Md. 21224

*Hollister, Nathaniel R., *Psychiatry* (McL) '40
Clinical Fellow, Acting Assistant Resident in Psychiatry
M.G.H.

*Holmes, Joseph A., *Pathology* '36, *Surgery* '38
Clinical Associate, Surgery
84 South St., Waltham, Mass. 02154

*Holmes, Lewis B., *Children's* '65
Assistant Pediatrician
M.G.H.

Holmes, R. Brian, *Radiology* '50
Toronto General Hospital
Toronto, Canada

Holmes, S. Grant, *Children's* '43
R.F.D. 4, Box 218-H, Pensacola, Fla. 32503

Holt, Charles L., *Neurosurgery* '38
Faculty of Medicine
Memorial University of Newfoundland
St. Johns, Newfoundland

Holt, William L., Jr., *Neurology* '37
Albany Medical Center Hospital
Albany, N.Y. 12208

*Holtrop, Marijke E., *Orthopedic Surgery* '70
C.H.M.C.

Holtz, Albert I., *Children's* '58
20601 Devonshire, Chatsworth, Calif. 91311

*Holtzman, Jay H., *Psychiatry* '69
Assistant Resident, Psychiatry
M.G.H.

*Holzman, Todd F.
Resident Psychiatrist (McL)
McL.

*Homans, John, Jr., *Medicine* '46
Clinical Associate
M.I.T.

*Hoop, Bernard, Jr.
Assistant in Applied Physics, Medicine
M.G.H.

*Hoover, Herbert C., Jr.
Intern in Surgery
M.G.H.

*Hoover, Terrence D.
Clinical Associate, Oral Surgery
Concord Medical Center
Concord, Mass. 01742

*Hopfer, Ulrich
Research Fellow in Medicine
M.G.H.

*Hopkins, Cyrus C., *Medicine* '70
Assistant in Medicine
M.G.H.

Hopkins, Charles E., *Children's* '48
1313 Fish Hatchery Road, Madison, Wis. 53715

Hopkins, Frederick S., *Surgery* '19
1072 Longmeadow Street,
Longmeadow, Mass. 01106

Hopkins, Robert P., *Psychiatry* (McL) '67
NARA Director
Federal Reformatory for Women
Alderson, W.Va. 24910

Hopkins, Robert W., *Surgery* '54
Miriam Hospital
164 Summit Ave., Providence, Rhode Island

Hopkins, Stanford W., *Surgery* '36
28 Orne Street, Marblehead, Mass. 01946

*Hopps, Christopher R.
Resident Psychiatrist (McL)
McL.

Hormell, Robert S., *Orthopedic* '42
1152 Beacon Street, Brookline, Mass. 02146

Horn, Carl E., *Orthopedic* '42
5301 F. Street, Sacramento, Calif. 95819

Horwitz, William H., *Psychiatry* (McL) '51
R.F.D. 1, Box 59, Mill Pond Road, Washington, N.J. 07882

*Hoshi, Motonori
Research Fellow in Neurology, (Biochemistry)
M.G.H.

House, James M., *Surgery* '68
M.E.E.I.

Hovsepian, Jeannette A., *Radiology* '58
Veterans Administration Hospital
Palo Alto, Calif. 94304

Howard, Fred H., *Children's* '50
Plantation Manor
St. Thomas, Virgin Islands 00801

Howard, Herbert H., *Surgery* '14
P.O. Box 2522, Delray Beach, Fla. 33444

Howards, John E., *Medicine* '30
Johns Hopkins Hospital
Baltimore, Md. 21205

Howard, Philip J., Jr., *Urology* '66
Memorial Hospital
Worcester, Mass. 01605

*Howard, Paul M., *Psychiatry* '37, *Psychiatry* (McL) '39
Board of Consultation, Associate Director of Clinical Psychiatry (McL)

Howards, Stuart S., *Urology* '70
P.B.B.H.

*Howe, Henry D., *Dentistry* '45
Associate Visiting Oral Surgeon
196 Marlborough Street, Boston, Mass. 02116

Howe, Henry F., *Surgery* '34
Dept. of Occupational Health
American Medical Association
535 Dearborn St., Chicago, Ill. 60610

*Howell, Mary C.
Assistant Pediatrician
M.G.H.

*Howell, Stephen B.
Intern in Medicine
M.G.H.

Howland, John S., *Psychiatry* '70
McLean

Hoyt, W. Fenn, *Surgery* '34
Wynchmere Harbor Drive, Harwich Port, Mass. 02646

Hubbard, Eliot, Jr., *Medicine* '21
29 Highland St., Cambridge, Mass. 02138

Huber, William M., *Dermatology* '37
90 Commonwealth Ave., Boston, Mass. 02116

Huckell, John R., *Orthopedic* '58
220 Physicians and Surgeons Bldg.
8405 112th St., Edmonton, Alberta, Canada

*Huddleston, James I., *Orthopedic* '69
Assistant in Orthopedic Surgery
M.G.H.

*Hudson, Carlos
Assistant Attending Psychiatrist (McL)
Beaverbrook Guidance Center, Belmont, Mass. 02178

Hueter, David, *Medicine* '70
National Institutes of Health
Bethesda, Md. 20014

*Huffman, Ray T.
Clinical & Research Fellow, Medicine
M.G.H.

Hugenberger, Paul W., *Pathology* '32 *Orthopedic* '35
234 Marlborough St., Boston, Mass. 02116

*Huggins, Charles E., *Surgery* '60
Associate Visiting Surgeon;
Clinical Director of Blood Bank and Transfusion Service
M.G.H.

Hughes, Harry C., *Orthopedic* '37
1750 Race St., Denver, Colo. 80206

Hughes, James R., *Medicine* '61
All-India Institute of Hygiene and Public Health
110 Chittaranjan Ave., Calcutta 12, India

*Hughes, Reginald C.
Visiting Fellow in Medicine
M.G.H.

Hugin, Werner, *Anesthesia* '48
Chir Klink im Burgerspital, Basel, Switzerland

*Humenansky, Diane Bay
Assistant Attending Psychiatrist (McL)
McL.

Humes, Richard M., *Medicine* '70
G.D. Searle and Company
P.O. Box 5110, Chicago, Illinois 60680

Hummel, L. Edgar, *Pathology* '32
Edward J. Meyer Memorial Hospital
Buffalo, N.Y. 14215

Humphreys, Storer P., *Orthopedic* '36, *Neurosurgery* '37
266 Beacon Street, Boston, Mass. 02116

Hunt, Richard T.N., *Pathology* '58
Samuel Merritt Hospital
Oakland, Calif. 94606

Hunter, Ralph W., *Neurology* '39
Hitchcock Clinic
Hanover, N.H. 03755

Huntington, Benjamin L., *Medicine* '40
200 Berkeley Street, Boston, Mass. 02115

Huppe, Justin R., *Radiology* '57
Prinzregentenstrasse, 66
Munich, Germany

*Hur, Su-Ryong, *Anesthesia* '69
Assistant Resident, Anesthesia
M.G.H.

*Hurt, R. Wayne
Assistant Resident, Neurosurgery
M.G.H.

Hurston, Ronald O., *Psychiatry* (McL) '67
4000 Cathedral Ave., N.W.
Washington, D.C. 20016

Hurxthal, Lewis M., *Medicine* '27
Lahey Foundation
605 Commonwealth Avenue, Boston, Mass. 02215

Hussey, Robert W., *Orthopedic* '69
Children's Hospital Medical Center
Boston, Mass. 02115

Hurston, Lewis L., *Orthopedic* '37
67 Converse Street, Longmeadow, Mass. 01106

*Hutcheson, Bellenden R.
Clinical Associate, Psychiatry
91A Mount Vernon Street, Boston, Mass. 02108

*Hutchison, David, *Psychiatry* '69
Clinical Assistant, Psychiatry
M.G.H.

*Hunter, Adolph M., Jr.
Clinical & Research Fellow, Medicine
M.G.H.

*Hutter, Adolph M.
Assistant in Medicine
M.G.H.

Hutton, John J., Jr., *Medicine* '65
1305 Nichols Place, Ashland, Ky. 41101

Huttunen, Matti O., *Psychiatry* '71
Dept. of Medical Chemistry
University of Helsinki
Siltavourenpenger 10, Helsinki 17, Finland

*Hyman, Vera C.
Assistant Resident, Pathology
M.G.H.

*Hymoff, Richard S.
Clinical Assistant in Oral Surgery
M.G.H.

Hynie, Sixtus, *Medicine* '70
Faculty of General Medicine
Charles University
Albertov 4, Prague 2, Czechoslovakia

* Hyslop, Newton E., Jr., *Medicine* '63
Assistant Physician
M.G.H.

Ibsen, Bjorn, *Anesthesia* '50
Anaesthesiologisk afd.
Kommunehospitalet K.
Copenhagen, Denmark

*Idowu, Olajide A.
Research Fellow, Neurology
M.G.H.

*Igarashi, Shogo
Research Fellow, Medicine
M.G.H.

Ilfeld, Frederick W., *Orthopedic* '37
436 N. Roxbury Drive, Beverly Hills, Calif. 90210

*Imbembo, Anthony L., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

Ingalls, Theodore H., *Children's* '38
52 Oaks Road, Framingham, Mass. 01701

*Ingersoll, Francis M., *Surgery* '42
Visiting Surgeon
8 Hawthorne Place, Boston, Mass. 02114

*Ingle, David J.
Associate Psychologist (McL)
McL.

* Irwin, John W.
Assistant Physician
M.E.E.I.

Irwin, Robert J., Jr., *Surgery* '69
8 Bratenahl Place, Bratenahl, Ohio 44108

Isaacs, James P., *Anesthesia* '52
105 Charicote Rd., Baltimore, Md. 21218

*Ise, Carolyn, *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

*Isenberg, Philip L.
Assistant Attending Psychiatrist (McL)
Beth Israel Hospital
330 Brookline Avenue, Boston, Mass. 02215

*Ishibiki, Kyuya
Research Fellow, Surgery
M.G.H.

*Iskandar, Adly H., *Anesthesia* '69
Assistant Resident, Anesthesia
M.G.H.

*Isselbacher, Kurt J., *Medicine* '53
Physician
M.G.H.

Jackranich, Richard F., *Anesthesia* '59
U.S. Public Health Service Hospital
San Francisco, Calif. 94118

Jackson, Benjamin B., *Surgery* '57
Heyburn Bldg.
Louisville, Ky. 40202

Jackson, Henry, Jr., *Medicine* '19
84 Glendale Road, Needham, Mass. 02192

Jackson, Lee, *Psychiatry* (Mcl) '59
1018 Forest Drive, Wooster, Ohio 44691

Jackson, Stephen H., *Anesthesia* '67
Stanford Medical Center
Stanford, Calif. 94305

*Jacobson, Alan M.
Assistant Resident in Psychiatry
M.G.H.

*Jacobson, Bernard M.
Board of Consultation
M.G.H.

*Jacobson, Gary, *Psychiatry* (McL)
Assistant Psychiatrist
M.G.H.

*Jacoby, George A., Jr., *Medicine* '64
Assistant Physician
M.G.H.

*Jacoby, Lee B.
Research Fellow in Pediatrics
M.G.H.

*Jahan, Henry
Research Fellow, Surgery
M.G.H.

*Jakab, Irene
Associate Psychiatrist (McL)
McL.

James, A. Everette, Jr., *Radiology* '67
Johns Hopkins Hospital
Baltimore, Md. 21205

James, G. Watson, III, *Medicine* '44
Medical College of Virginia
Richmond, Va. 23219

*James, Lewis P., Jr., *Pathology* '63
Clinical Assistant, Pathology
Memorial Hospital
Worcester, Mass. 01605

James, William J., *Neurosurgery* '49
2929 Loma Vista Road, Ventura, Calif. 93003

Jamison, Rex L., *Medicine* '62
7733 Kingsbury, St. Louis, Mo. 63105

*Jammes, Juan L.
Clinical & Research Fellow in Medicine
Fernald State School, Waltham, Mass. 02154

*Jang, Guen C., *Radiology* '69
Resident in Radiology
M.G.H.

Janis, Kenneth M., *Anesthesia* '67
CMR #8, Box 369555
Wilford Hall Hospital
Lackland, A.F.B., Texas 78236

*Janower, Murray L., *Radiology* '63
Chief of Radiology
St. Vincent Hospital
Worcester, Mass.

*Jarosch, Elmar R., *Medicine* '70
Tufts Medical School
136 Harrison Ave., Boston, Mass.

*Jarratt, Michael T.
Assistant Resident, Dermatology
M.G.H.

*Jarrett, Fredric, *Surgery* '69
Assistant Resident, Surgery
M.G.H.

*Jasinska, Miroslawa T.
Clinical Fellow, Anesthesia
M.G.H.

Jaton, Jean-Claude, *Medicine* '71
Basel Institute for Immunology
787 Grenzacherstrasse, CH 4058, Basel
Switzerland

Javid, Manucher, *Neurosurgery* '52
University Hospital
Madison, Wis. 53706

Jayasankar, Subramanyan, *Orthopedic* '69
C.H.M.C.

*Jeanloz, Rober W.
Biochemist, Medicine
M.G.H.

Jefferies, William McK., *Medicine* '42
3550 Warrensville Center Rd., Cleveland, Ohio 44122

Jenkins, Charles K., *Radiology* '68
1415 Third Street, Corpus Christi, Texas 78404

Jenkins, Marion T., *Anesthesia* '48
University of Texas Southwestern Medical School, Dallas, Texas 75235

*Jenney, Peter B.
Associate Attending Psychiatrist (McL)
286 Highland Ave., West Newton, Mass. 02165

Jergesen, Floyd H., *Orthopedic* '42
384 Post St., San Francisco, Calif. 94108

Jessner, Lucie, *Psychiatry* (McL) '39
3640 Appleton St., N.W., Washington, D.C. 20008

*Jick, Hershel
Clinical Assistant in Medicine (McL)
McL.

*Jimenez, Roberto B.
Clinical Fellow in Radiology
M.G.H.

Jobe, Merrill C., *Children's* '24
2100 S. St. Paul St., Denver, Colo. 80210

Johnson, Dale G., *Surgery* '61
Children Hospital of Philadelphia
1740 Bainbridge St., Philadelphia, Pa. 19146

Johnson, Eric H., *Surgery* '67
M.E.E.I.

Johnson, F. George, *Dentistry* '43
94 Goodman Hill Rd., Sudbury, Mass. 01776

Johnson, Louis F., *Anesthesia* '54
European Office of Aerospace Research
A.P.O. New York, N.Y. 09667

Johnson, Louis G., *Pathology* '40, *Medicine* '42
Royal Victoria Hospital, Montreal, Canada

Johnson, Norman P., *Medicine* '25
1701 Irving Ave., South, Minneapolis, Minn. 55411

Johnson, Oscar R., *Dermatology* '31
18 Deering St., Portland, Maine 04101

Johnson, Paul R., *Pathology* '35
85 Jefferson St., Hartford, Conn. 06103

Johnson, Richard T., *Neurology* '60
The Johns Hopkins Hospital
Baltimore, Md. 21205

Johnson, Verner S., *Orthopedic* '55
33 Oak Ave., Worcester, Mass. 01609

Johnston, Edward V., *Surgery* '47
312 West 8th Ave., Spokane, Wash. 99204

Jones, Basil B., *Medicine* '18, *Children's* '19
3103 Sunset Ave., Richmond, Va. 23221

*Jones, Chester M., *Medicine* '21
Honorary Physician
H.M.S.

Jones, Gordon E., *Surgery* '42
108 West 22nd St., Olympia, Wash. 98502

*Jones, H. Walter, Jr.
Assistant Physician
Medical Department, M.I.T.

Jones, Robert H., *Medicine* '59
University of Rochester School of Medicine and Dentistry
Rochester, N.Y. 14620

Jones, Thomas B., *Surgery* '24
207 John Pinckney Lane, Williamsburg, Va. 23185

Jones, Wallace A., *Pathology* '59
Hunt Memorial Hospital Lindall St., Danvers, Mass. 01923

Jones, William N., *Orthopedic* '54
461 Ocean Ave., New London, Conn. 06320

*Jones, Wm. Norman, *Orthopedic* '47
Associate Orthopedic Surgeon
M.G.H.

*Joplin, Robert J., *Pathology* '29, *Orthopedic* '33
Board of Consultation, Orthopedic Surgery
Zero Emerson Place, Boston, Mass. 02114

Jordan, Earl F., *Neurosurgery* '63
3830 Eileen Drive, Cincinnati, Ohio 45209

Jordan, William R., *Medicine* '30
1631 Monument Ave., Richmond, Va. 23220

Joseph, Alfred T., *Dentistry* '41
16 Clarke Street, Lexington, Mass. 02173

*Joseph, John B., *Children's* '62
Assistant in Pediatrics
4 Brook Street, Scituate, Mass. 02060

Josse, John W., *Medicine* '58
974 Elsinore Avenue, Palo Alto, Calif. 94303

Judd, Alvan B., *Surgery* '55
812 Broad Street, Shrewsbury, N.J. 07701

Judd, Howard L., *Medicine* '70
Univ. of California at San Diego
Dept. of Obs & Gyn
La Jolla, California

Judd, James M., *Surgery* '45, *Neurosurgery* '46
Murray Hill, Mount Morris, N.Y.

*Julian, Brigitte M., *Psychiatry* (McL) '69
Clinical Fellow, Psychiatry (McL)
McL.

Justi, Raymond A., *Pathology* '56
Jackson Memorial Hospital
Miami, Fla. 33136

*Kaban, Leonard B.
Assistant Resident in Oral Surgery
M.G.H.

Kabbani, Mahmoud M., *Urology* '69
University of Tennessee
Memphis, Tenn. 38103

Kacki, Janusz F., *Anesthesia* '66
Ul, Grojecka 65a M. 34
Warsaw, 22, Poland

*Kadish, Sidney P., *Radiology* '69
Resident, Radiology
M.G.H.

Kagan, Jerome
Psychologist, Children's Service
135 Goden St., Belmont, Mass. 02178

*Kahan, Barry D., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

*Kahan, Eileen B.
Intern, Children's Service
M.G.H.

*Kahana, Eda M.,
Assistant Attending Psychiatrist (McL)
9 Elba St., Brookline, Mass. 02146

Kahn, David S., *Pathology* '50
St. Mary's Hospital
Montreal, Canada

*Kahn, Robert E.
Clinical Fellow in Medicine
475 Franklin Street, Framingham, Mass. 01701

*Kahne, Merton J.
Attending Psychiatrist (McL)
McL.

*Kaiser, John S., *Pathology* '69
Assistant Resident, Pathology
M.G.H.

Kakumoto, Yoichiro, *Surgery* '71
c/o Dr. Neil R. Thomford
Ohio State Univ. Hospital
410 West 10th Ave., Columbus, Ohio 43210

*Kalckar, Barbara E.
Associate Biochemist, Medicine
R.F.

*Kalckar, Herman M.
Henry S. Welcome Research
Biochemist, Biochemical Research
M.G.H.

Kalil, Toufic H., *Radiology* '46
795 Elm St., Manchester, N.H. 03101

*Kaloustian, Harry D.
Clinical & Research Fellow, Medicine
M.G.H.

*Kameny, Stuart M.
Clinical Assistant, Psychiatry
104 Chestnut Street, Boston, Mass. 02114

*Kandall, Carol A.
Research Fellow, Medicine
M.G.H.

*Kane, Lewis W., *Medicine* '41
Assistant in Medicine
M.G.H.

*Kanfer, Julian N.
Biochemist, Neurology
Fernald State School
Waltham, Mass. 02154

*Kang, Andrew H.
Assistant Biochemist, Medicine
M.G.H.

*Kanter, Joel M.
Assistant Resident, Ortho Surgery
M.G.H.

*Kantrowitz, Paul A., *Medicine* '64
Clinical Assistant, Medicine
330 Mt. Auburn Street, Cambridge, Mass. 02138

Kanverezi, Bwogi Richard, *Medicine* '70
Makerere Univ. College Medical School
Kampala, Uganda

*Kaplan, Joan C.
Research Fellow, Medicine
M.G.H.

*Karchmer, Adolf W., *Medicine* '66
Clinical & Research Fellow in Medicine
M.G.H.

Karian, Edward, *Dermatology* '55
358 Commonwealth Avenue, Boston, Mass. 02115

Kark, R.A. Pietre, *Neurology* '68
8707 Grant Street, Bethesda, Md. 20014

Karnes, William E., *Neurology* '58
Mayo Clinic
Rochester, Minn. 55901

*Karobath, Manfred E.A.
Research Fellow, Psychiatry
M.G.H.

Kartchner, Mark M., *Surgery* '64
Wilmot Medical Center
601 N. Wilmot Street, Tucson, Ariz. 85711

Kato, Fumihiko, *Surgery* '70
65, Motomachi 2-Chrome, Tajimi City, Gifu Precture, Japan

*Katz, Allan M., *Anesthesia* '70
Chief Resident, Anesthesia
M.G.H.

Katz, Arnold M., *Medicine* '60
Mt. Sinai Hospital
100 St. & Fifth Ave., New York, N.Y. 10029

Katz, Elton P., *Orthopedic Surgery* '67
Univ. of Connecticut, School of Medicine
Hartford Plaza, Hartford, Conn.

Katz, Samuel L., *Children's* '55
Department of Pediatrics
Duke University School of Medicine
Durham, N.C. 27706

*Katzman, Richard L.
Research Fellow, Biochemistry (Medicine)
M.G.H.

Kaufman, Herbert E., *Medicine* '57
J. Hillis Miller Health Center
University of Florida
Gainesville, Fla. 32603

Kaufman, Jay H., *Surgery* '69
Redstone Arsenal
Huntsville, Ala. 35808

*Kaufman, Irving
Attending Psychiatrist (McL)
McL.

Kaufman, M. Ralph, *Psychiatry* (McL) '33
Mount Sinai Hospital
New York, N.Y. 10029

Kaufmann, Gustav G., *Medicine* '41
15 Dix Street, Winchester, Mass. 02152

*Kaulbach, Maximiliaan G.
Clinical Assistant in Medicine
Salem Hospital
Salem, Mass. 01970

*Kayce, Melvin M.
Assistant Attending Psychiatrist (McL)
1633 Commonwealth Ave., Newton, Mass. 02165

Kazanjian, Kenneth A., *Dermatology* '33
475 Commonwealth Ave., Boston, Mass. 02215

*Kazanjian, Varaztad H.
Honorary Surgeon
191 Clifton St., Belmont, Mass. 02115

Kazemi, Homayoun, *Medicine* '63
Associate Physician
M.G.H.

Kearsley, Richard B., *Children's* '56
Stoneybrook Lane, Norwell, Mass. 02061

Keating, James P., *Children's* '66
MAEV/TH4
A.P.O. San Francisco, Calif. 96269

Keating, Philip J., *Anesthesia* '67
Main Medical Center
22 Bramhall St., Portland, Maine 04102

Keats, Arthur S., *Anesthesia* '51
Texas Medical Center
1200 Moursund Ave., Houston, Texas 77025

*Kechijian, Paul
Assistant Resident, Dermatology
M.G.H.

Keeley, James K., *Neurosurgery* '37, *Surgery* '38
103 S. Hamilton St., Poughkeepsie, N.Y. 12601

*Keenan, M. Edward, *Children's* '64
Assistant Pediatrician
M.G.H.

Keenan, Thomas J., *Anesthesia* '59
M.E.E.I.

*Keevil, Charles S., Jr., *Medicine* '58
Clinical Associate in Medicine
Concord Rd., Lincoln, Mass. 01773

Keiser, Robert P., *Orthopedic* '42
Coral Gables Clinic
Coral Gables, Fla. 33134

Keitt, Alan S., *Medicine* '63
Division of Hematology
University of Florida College of Medicine
Gainesville, Gla. 32601

Kelleher, Philip, *Psychiatry* (McL) '69
Assistant Psychiatrist (McL)
McL.

Keller, Albert R., *Pathology* '68
Assistant in Pathology
M.G.H.

Keller, John W.
Assistant Physician
One Hawthorne Place, Boston, Mass. 02114

Keller, Robert B., *Orthopedic* '67
C.H.M.C.

*Kelley, Rita M., *Medicine* '49
Physician
M.G.H.

*Kelley, Sylvester B., *Surgery* '31, *Urology* '33
Consulting Visiting Urologist
412 Beacon Street, Boston, Mass. 02115

Kelley, William N., *Medicine* '68
Department of Medicine
Duke University Medical Center
Durham, N.C. 27706

Kelley, Leo T., *Anesthesia* '61
M.E.E.I.

Kempszinski, Richard F., *Surgery* '70
Fort Carson, Colorado Springs, Colo.

Kendrick, James I., *Orthopedic* '33
2020 East 93rd Street, Cleveland, Ohio 44106

Kennard, Harrison E., *Surgery* '34
246 Dudley Road, Newton Centre, Mass. 02159

Kennedy, B. Hughes, *Children's* '21
2940 Clairmont Avenue, Birmingham, Ala. 35205

Kennedy, Byrl J., *Medicine* '52
University of Minnesota Hospitals
Minneapolis, Minn. 55414

Kennedy, John H., *Surgery* '55
Baylor College of Medicine
Texas Medical Center
Houston, Texas 77025

Kennedy, L. James, *Surgery* '69
Department of Pathology
Stanford University
Stanford, Calif. 94305

Kennedy, Robert P., *Surgery* '24
R.D.1, Box 262
Richmond, Ind. 47374

Kenner, Gerald, *Orthopedic* '61
77 N. San Mateo Drive, San Mateo, Calif. 94401

*Kenney, Helen J.
Associate Psychologist (McL)
McL.

Kenzora, John E., *Orthopedic Surgery* '70
C.H.M.C.

*Kermond, William L.
Assistant Orthopedic Surgeon
175 Washington Street, Winchester, Mass. 01890

Kernan, Reginald D., *Pathology* '45
25 Ave. des Champs Elysées
Paris, 8a, France

*Kerr, Walter S., Jr., *Surgery* '47, *Urology* '49
Visiting Urologist
M.G.H.

Kerrigan, Gerald A., *Children's* '52
1081 E. Circle Drive, Milwaukee, Wis. 53217

Kershaw, Beatrice R., *Psychiatry* (McL) '39
29 Louise Road, Belmont, Mass. 02178

*Kerzner, Arnold M.
Clinical Fellow, Psychiatry (McL)
McL.

Ketchum, William F., *Children's* '48
Children's Cancer Research Foundation
35 Binney Street, Boston, Mass. 02115

*Kety, Josephine G.
Assistant Pediatrician
W.E. Fernald State School
Waltham, Mass. 02154

*Kety, Seymour S.
Psychobiologist, Psychiatry;
Chief of Psychiatric Research Laboratories
M.G.H.

*Keuper, Charles S., *Dermatology* '51
Assistant Dermatologist
Concord Medical Center
Concord, Mass. 01742

*Keutmann, Henry T.
Clinical & Research Fellow, Medicine
M.G.H.

Key, Robert E., *Orthopedic* '58
800 5th Avenue, Fort Worth, Texas 76104

Key, William A., *Orthopedic* '27
23 Baldwin Avenue, San Mateo, Calif. 94401

Keyes, Gale H., *Medicine* '47
Ogden Clinic
Ogden, Utah 84403

*Khoury, George
Intern in Medicine
M.G.H.

Kiely, Brian, *Medicine* '52
New York University School of Medicine
550 1st Avenue, New York, N.Y. 10016

Kilfoyle, Richard M., *Orthopedic* '51
457 Main Street, South Weymouth, Mass. 02190

*Kilgore, Thomas B.
Assistant Resident, Oral Surgery
M.G.H.

*Kim, Jin Woo
Assistant Resident, Anesthesia
M.G.H.

*Kimball, Peter G., *Dental Medicine* '63
Associate Visiting Oral Surgeon
20 Vassar Road, Marblehead, Mass. 01945

Kimberly, Charles H., *Neurology* '29
Stockbridge, Mass. 01262

Kimura, Kazuo K., *Children's* '56
1517 Denton Hollow Road,
West Chester, Pa. 19380

Kind, Henry A., *Children's* '35
300 East 3rd Avenue, Cheyenne, Wyo. 82002

King, Howard S., *Children's* '59
2000 Washington Street, Newton Lower Falls, Mass. 02162

*King, M. Vernon
Assistant Biochemist, Medicine
M.G.H.

King, W. Bradley, Jr., *Pathology* '56
Maryland General Hospital
Baltimore, Md. 21201

Kinney, Robert J., *Medicine* '43
800 Chamisal Road, N.W., Albuquerque, N.M. 87107

Kirk, Mary E., *Pathology* '70
Montreal General Hospital
1650 Cedar Ave., Montreal, Canada

Kinsey, Dora, *Medicine* '39
203 Commonwealth Ave., Boston, Mass. 02115

*Kirkwood, Samuel B., *Surgery* '34
Board of Consultation, Gynecology
American University of Beirut
Beirut, Lebanon

Kish, Leslie S., *Pathology* '70
20 Elmbrook Circle, Bedford, Mass.

*Kishimoto, Yasuo
Associate Biochemist, Neurology
M.G.H.

Kite, Owen W., *Dentistry* '51
29 Bay State Rd., Boston, Mass. 02215

Kitts, Albert W., *Children's* '41
Media Clinic
Providence & Beatty Roads, Media, Pa. 19063

*Kitz, Richard J.
Chief of the Department of Anesthesia
M.G.H.

*Kjellberg, Raymond N., *Neurosurgery* '59
Associate Visiting Neurosurgeon
M.G.H.

*Klaeveman, Hayden L.
Intern in Medicine
M.G.H.

Klainer, Lawrence M., *Medicine* '66
Stanford University, School of Medicine
Palo Alto, Calif. 94304

Klaus, Hanna, *Pathology* '53
Holy Family Hospital
Maghbazar Road
Ramna, Dacca 2, East Pakistan

Kleaveland, Richard N., *Surgery* '56
Medical Center Building
Spokane, Wash. 99204

Klein, David M., *Neurosurgery* '61
Edward J. Meyer Memorial Hospital
Buffalo, N.Y. 14215

Klein, Edmund, *Dermatology* '59
Roswell Park Memorial Inst.
Buffalo, N.Y. 14203

Klein, Michael D., *Medicine* '66
54 Sedgewick Rd., West Hartford, Conn. 06170

Kleinman, Leonard I., *Children's* '62
University of Cincinnati College of Medicine
Cincinnati, Ohio 45219

Klenk, Eugene L., *Children's* '63
3975 Broadway St., New York, N.Y. 10032

*Klerman, Gerald L.
Psychiatrist
M.G.H.

*Kliman, Bernard
Associate Physician
M.G.H.

Kleve, Robert A., *Anesthesia* '70
Chelsea Naval Hospital
Chelsea, Mass.

*Kline, Robert M., *Children's* '63
Clinical Associate in Pediatrics
302 Washington Street, Gloucester, Mass. 01930

Klingensmith, Walter E., *Surgery* '61
Beckley Memorial Hospital
Beckley, W.Va. 25801

Knapp, M. Robert, *Anesthesia* '55
4 Peachtree Lane, Wichita, Kan. 67207

Knapp, Peter H., *Psychiatry* '47
80 East Concord St., Boston, Mass. 02118

Knapp, Robert G., Jr., *Dentistry* '50
1402 Genesee St., Utica, N.Y. 13502

Kneisel, John J., *Medicine* '40
333 Cedar St., New Haven, Conn. 06519

*Knowles, John H., *Medicine* '58
General Director of the Massachusetts General Hospital; Physician
M.G.H.

*Kobayashi, Ronald M.
Assistant Resident, Neurology
M.G.H.

*Koch-Weser, Jan, *Medicine* '59
Associate Physician
M.G.H.

Koene, Robert A., *Medicine* '70
Radboud Hospital
Nyjmegen, The Netherlands

*Kohn, Henry I.
Consultant in Radiology
Shields Warren Radiation Lab.
50 Binney Street, Boston, Mass. 02115

*Kolodny, Edwin H.
Assistant in Neurology
M.G.H.

*Kolodny, Gerald M., *Radiology* '66
Assistant Radiologist
M.G.H.

Koontz, Warren W., Jr.
Medical College of Virginia
Richmond, Va.

Kopald, Hugh H., *Medicine* '65
Surgeon General's Office
Washington, D.C. 20201

Koppel, Elizabeth A., *Anesthesia* '54
437 Cedar Street, N.W., Washington, D.C. 20012

Kopriva, Charles J., *Anesthesia* '69
c/o Benoit
60 Birch Hill Road, Agawam, Mass 01001

Korn, David, *Pathology* '60
Stanford University School of Medicine
Palo Alto, Calif. 94304

*Kornblith, Paul L., *Surgery* '66, *Neurosurgery* '70
Chief Resident, Neurosurgery
M.G.H.

Kornfield, Michael A., *Children's* '65
U.S. Air Force Hospital
Wright-Patterson Air Force Base
Dayton, Ohio 45433

Kosek, Margaret Single, *Children's* '58
Palo Alto Medical Clinic
Palo Alto, Calif. 94304

*Kotner, Lawrence M., Jr.
Assistant Resident, Radiology
M.G.H.

*Koumans, Alfred J.R.
Assistant Psychiatrist
Psychiatric Service, M.I.T.

Kovacevich, Miroslav M., *Psychiatry* (McL) '64
1114 Nelson Building
Charleston, W.Va. 25301

Kozol, Harry L., *Medicine* '36
330 Beacon Street, Boston, Mass. 02116

Kramer, James G., *Children's* '17
159 S. Main St., Akron, Ohio 44308

*Krane, Stephen M., *Medicine* '57
Physician
M.G.H.

*Kranes, Alfred, *Medicine* '35
Physician, Board of Consultation
M.G.H.

*Krauss, Kenneth R.
Clinical & Research Fellow, Medicine
M.G.H.

Kraut, Herbert L., *Dermatology* '57
47 Oak Street, Stamford, Conn. 06905

Kravitz, Arthur R., *Medicine* '55
B.I.H.

Kreisle, James E., *Medicine* '57
P.O. Box, 5158, Austin, Texas 78703

Krickstein, Herbert I., *Pathology* '63
564 Glen Arbor Lane, Grosse Pointe Woods, Mich. 48236

Kris, Kathryn Beck, *Psychiatry* (McL) '62
37 Philbrick Road, Brookline, Mass. 02146

Kristjansson, Haukur, *Orthopedic* '46
City Hospital
Reykjavik, Iceland

*Krogstad, Donald J.
Assistant Resident, Medicine
M.G.H.

*Kronenberg, Gretchen B.
Intern, Children's Service
M.G.H.

*Kronenberg, Henry M.
Intern in Medicine
M.G.H.

*Kubik, Charles S.
Honorary Physician
Zero Emerson Place, Boston, Mass. 02114

Kuhlmann, Raymond F., *Orthopedic* '48
80 Colchester Ave., Burlington, Vt. 05401

Kuhn, William G., Jr., *Orthopedic* '49
251 Powers St., New Brunswick, N.J. 08902

Kuldau, John M., *Psychiatry* (McL) '61

Kulka, Johannes, P., *Pathology* '47
R.B.B.H.

*Kumar, Anil
Clinical Fellow, Anesthesia
M.G.H.

*Kumpe, David A., *Radiology* '69
Resident, Radiology
M.G.H.

*Kunz, Lawrence J.
Bacteriologist
M.G.H.

Kunze, Ulf., *Neurology* '70
Duke University Medical Center
Durham, N.C. 27706

*Kurtz, Donald J.
Research Fellow, Neurology
M.G.H.

*Lable, Ira
Assistant Resident, Psychiatry
M.G.H.

Ladaga, Luciano G., *Surgery* '70
Chelsea Memorial Hospital
Chelsea, Mass.

Lake, Michael, *Medicine* '24
11 East 68th Street, New York, N.Y. 10021

Lambert, Edward C., *Medicine* '43
Children's Hospital
Buffalo, N.Y. 14222

Lambert, John T., *Medicine* '42
768 Park Avenue, New York, N.Y. 10021

*Lamdin, Susanne J., *Children's* '53, *Anesthesia* '59
Assistant Anesthetist
M.G.H.

*Lamkins, Burham E., *Dermatology* '63
Assistant in Dermatology
Johnson Clinic
Beverly, Mass. 01915

*Lamont, John H., *Psychiatry* (McL) '51
Psychiatrist
M.G.H.

Lampert, Nelson R., *Surgery* '64
4 Tapia Drive, San Francisco, Calif. 94132

*Land, Richard E.
Associate Radiologist
M.G.H.

*Lane Brown, Malcolm M.
Clinical & Research Fellow, Dermatology
M.G.H.

Lang, David J., *Children's* '61
Duke University
Durham, N.C. 27706

Langer, Glenn A., *Medicine* '60
Presbyterian Hospital
622 West 168th Street, New York, N.Y. 10032

Langer, Terry, *Medicine* '67
National Heart Institute
Bethesda, Md. 20014

*Langston, Charles S.
Assistant Resident, Radiology
M.G.H.

Lansing, Cornelius, *Children's* '50
North Carolina Memorial Hospital
Chapel Hill, N.C. 27515

*Lapey, Allen
Clinical & Research Fellow, Pediatrics,
Clinical & Research Fellow, Medicine
M.G.H.

*Lappas, Demetrios G.
Clinical Fellow in Anesthesia
M.G.H.

Large, David G., *Medicine* '70
Univ. of New Castle
Dept. of Organic Chemistry
Upon-Tyne, New Castle, England

Larkey, Jefferson, *Surgery* '28
431 30th Street, Oakland, Calif. 94609

Larkin, John E., Jr., *Orthopedic* '66
220 Stillwater Avenue, St. Paul, Minn. 55106

Laron, Avi, *Children's* '55
Beilinson Hospital
Petah Tiqva, Israel

*Larson, Carroll B., *Orthopedic* '38
Board of Consultation, Orthopedic State
University of Iowa College of Medicine
Iowa City, Iowa 52214

Larson, Ronald R., *Anesthesia* '67
14159 Edgewood Drive, Livonia, Mich. 48154

Lassalle, Eduardo A., *Radiology* '70
Humberto Primo 591, Quilnies, Argentina

Lassiter, William E., *Medicine* '56
University of North Carolina School of Medicine
Chapel Hill, N.C. 27515

Laster, Leonard, *Medicine* '53
National Institutes of Health
Bethesda, Md. 20014

*Laver, Myron B.
Anesthetist
M.G.H.

Lavorgna, John J., *Orthopedic* '70
Assistant Resident, Orthopedic Surgery
M.G.H.

Lawrence, G. Hugh, *Surgery* '52
1118 9th Avenue, Seattle, Wash. 98101

Lawrence John S., *Medicine* '25
University of California Medical Center
Los Angeles, Calif. 90024

Lawrence, John S., *Medicine* '70
Univ. of North Carolina
School of Medicine
Chapel Hill, N.C. 27514

*Lawrence, Michael
Clinical & Research Fellow, Medicine
M.G.H.

*Lawson, Dexter W., *Surgery* '69
Clinical Assistant, Surgery
M.G.H.

Layzer, Robert B., *Medicine* '59
24 Heather Way, Mill Valley, Calif. 94941

*Lazar, Gerald K.
Assistant Resident, Psychiatry
M.G.H.

*Lazare, Aaron
Associate Psychiatrist
M.G.H.

Lazarus, Herbert R., *Psychiatry* (McL) '59
Mental Health Center
N. Division
Milwaukee, Wis. 53226

Leach, Charles A., Jr., *Children's* '51
525 Southfield Road, Birmingham, Mich. 48009

Leadbetter, Guy W., Jr., *Urology* '59
Vermont Medical Center
Burlington, Vt. 05401

*Leadbetter, Wyland F.
Visiting Urologist
One Hawthorne Place, Boston, Mass. 02114

*Leaf, Alexander, *Medicine* '44
Chief of Medical Services
M.G.H.

*Leak, Lee V.
Assistant in Biology, Surgery
S.B.I.

Leake, Rosemary D., *Children's* '64
Stanford University School of Medicine
Palo Alto, Calif. 94305

Leape, Lucian L., Jr., *Surgery* '65
University of Kansas Medical Center
Kansas City, Kan. 66103

Ledbetter, Betsy A., *Anesthesia* '55
712 Monrovia Street, Shreveport, La. 71106

*Lederman, Richard J.
Assistant Resident, Neurology
M.G.H.

LeDonne, John E., *Dermatology* '52
54 Oliver Street, Fitchburg, Mass. 01420

Lee, John M., *Children's* '16
3730 Whiteland Avenue, Nashville, Tenn. 37205

*Lee, Loretta D.
Research Fellow in Medicine
M.G.H.

*Lee, Michael J.
Assistant Biochemist, Surgery
S.B.I.

Leeman, Cavin P., *Medicine* '60
45 Bay State Road, Boston, Mass. 02215

Leeper, Roy W., *Dermatology* '50
Kaiser Foundation Hospital
Oakland, Calif. 94611

*Lees, Marjorie B.
Associate Biochemist (McL)
McL.

*Lees, Robert S., *Surgery* '60, *Medicine* '62
Clinical Associate in Medicine
Clinical Research Center, M.I.T.

*Leet, Robert K.
Clinical Associate, Medicine
B.H.H.C.

Leff, Robert, *Psychiatry* (McL) '67
c/o 27 Campbell Road, Wayland, Mass. 01778

*Lefkowitz, Robert J.
Resident in Medicine
M.G.H.

Legge, Robert F., *Orthopedic* '35
3320 Los Coyotes Diagonal
Suite 103, Long Beach, Calif. 90808

Lehman, Ralph A.W., *Surgery* '64
Barnes Hospital
St. Louis, Mo. 63110

Lehrich, James R., *Medicine* '64
Wistar Institute
Philadelphia, Pa. 19104

Leibel, Rudolph L., *Children's* '69
c/o 406 Beacon Street, Apt. 5, Boston, Mass. 02115

*Leibovich, Miguel A.
Assistant in Psychiatry
Commonwealth of Massachusetts
Mental Health Department
15 Ashburton Place, Boston, Mass. 02108

Leiderman, P. Herbert, *Psychiatry* '57
Stanford University School of Medicine
Palo Alto, Calif. 94304

Leidholt, John D., *Orthopedic* '52
2045 Franklin Street, Denver, Colo. 80205

Leigh, A. Denis, *Psychiatry* '48
The Maudsley Hospital
Denmark Hill
London, S.E.5, England

Leighton, Joseph, *Pathology* '49
University of Pittsburgh School of Medicine
Pittsburgh, Pa. 15213

*Leinbach, Robert C.
Assistant in Medicine
M.G.H.

*Leinbach, Thomas C., *Orthopedic* '56
1500 Penn Avenue, Wyomissing, Pa. 19610

Leister, Claude M., *Children's* '34
1731 W. Broad Street, Bethlehem, Pa. 18018

*Lemmer, Lodewyke A.S.
Clinical Fellow in Anesthesia
M.G.H.

Leonard, Lawrence M., *Orthopedic* '61
7 Bramhall Street, Portland, Maine 04102

Lequin, Rudolf M., *Medicine* '70
Dept. of Gynecology
Univ. Clinic
Univ. of Nyjmegen,
Nyjmegen, The Netherlands

*Lerman, Jacob
Board of Consultation, Medicine
Zero Emerson Place, Boston, Mass. 02114

Leskowitz, Sidney, *Medicine* '70
Tufts Medical School
Boston, Mass.

Letsou, Vasilios G., *Dermatology* '56
170 Merrimack Street, Lowell, Mass. 01852

Levene, Martin B., *Radiology* '54
L.S.H.

Leventhal, Brigid G., *Children's* '62
5214 Wapakoneta Road, Glen Echo Heights, Md. 20016

Leventhal, Carl M., *Neurology* '64
5214 Wapakenota Road, Glen Echo Heights, Md. 20016

*Lever, Walter F., *Dermatology* '38
Board of Consultation, Dermatology
185 Harrison Avenue, Boston, Mass. 02111

Levey, Bernard, *Psychiatry* (McL) '64
75 Mt. Auburn Street, Cambridge, Mass. 02138

Levey, Gerald S., *Medicine* '66
5226 S.W. 64th Ave., Miami, Florida 33155

Levey, Raphael H., *Surgery* '66
c/o Dr. Irving M. Levey
120 Prospect Ave., Apt. A-2, Princeton, N.J. 68540

*Levin, Sidney
Attending Psychiatrist (McL)
72 Evans Road, Brookline, Mass. 02146

*Levin, Victor A.
Assistant Resident, Neurology
M.G.H.

*Levine, Barry W.
Clinical Assistant in Medicine
M.G.H.

Levine, Frederick H., *Surgery* '70
120 Centre Drive, Bethesda, Md.

Levine, Herbert J., *Medicine* '58
171 Harrison Avenue, Boston, Mass. 02111

*LeVine, Herbert O.
Assistant in Psychiatry
379 Central Street, Auburndale, Mass. 02166

*Levine, Matthew E., *Psychiatry* (McL) '68
Clinical Fellow, Psychiatry (McL)
McL.

*Levine, Melvyn B., *Children's* '69
Assistant in Pediatrics
M.G.H.

*Levine, Philip T.
Consultant in Oral Biology, Orthopedic Surgery
University of Connecticut School of Dental Medicine
Hartford, Conn. 06105

Levis, William R., *Dermatology* '70
National Institutes of Health
Bethesda, Maryland 20014

*Levovsky, Louis B.
Clinical Fellow in Medicine
M.G.H.

*Levy, Bernard S.
Assistant Psychiatrist
M.G.H.

*Levy, Harvey L.
Assistant in Neurology
M.G.H.

Levy, Ronald, *Medicine* '70
Immunology Lab
N.C.I.
National Institutes of Health
Bethesda, Md. 20014

Levy, Steven T., *Children's* '70
Yale-New Haven Medical Center
New Haven, Conn.

Levy, S. William, *Dermatology* '51
450 Sutter Street, San Francisco, Calif. 94108

*Lew, Michael A.
Assistant Resident, Medicine
M.G.H.

Lewis, Allen S., *Orthopedic* '68
104 Doctors Gardens
1880 Arlington Street, Sarasota, Fla. 33579

Lewis, Emory O., *Radiology* '45
St. Luke's Hospital, New Bedford, Mass. 02740

Lewis, James, *Medicine* '35, *Children's* '36
98 Williams Street, Longmeadow, Mass. 01106

Lewis, John L., Jr., *Surgery* '62
614 Oronoco Street, Alexandria, Va. 22314

*Lewis, Michael B., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

Licciardello, Anthony T., *Medicine* '49
2875 Main Street, Stratford, Conn. 06497

*Lichtenstein, Norman S.
Assistant in Medicine
M.G.H.

Lichtenwalner, Craig S., *Medicine* '51
American University of Beirut
Beirut, Lebanon

*Lieber, Michael M.
Intern in Surgery
M.G.H.

*Liebowitz, Stanley
Assistant Resident, Orthopedic Surgery
M.G.H.

Lilienfeld, Semon M., *Psychiatry* '70
Boston V.A. Hospital
150 S. Huntington Ave., Boston, Mass. 02130

Lilly, Terry E., Jr., *Surgery* '43
1815 E. 63rd Street, Kansas City, Mo. 64130

*Lim-Castelo, Cecilia B.
Assistant Resident, Psychiatry
M.G.H.

Lincoln, James R., *Orthopedic* '18
709 Main Street, Wareham, Mass. 02571

*Lincoln, Robert C., *Dentistry* '53
Associate Visiting Oral Surgeon
M.G.H.

*Lindemann, Erich
Consulting Psychiatrist (McL)
Board of Consultation, Psychiatry
170 Lakeshore Road, Brighton, Mass. 02135

Lindenbaum, Barrie L., *Orthopedic* '70
C.H.M.C.

Linekin, David M., *Medicine* '68
Saskatoon Cancer Clinic
Univ. Hospital
Saskatoon, Saskatchewan, Canada

Linenthal, Arthur J., *Medicine* '44
1200 Centre Street, Roslindale, Mass. 02131

Lingley, James R., *Radiology* '31
27 Elm Street, Worcester, Mass. 01608

*Linnell, Zenos M.
Assistant Attending Psychiatrist (McL)
345 Harvard Street, Cambridge, Mass. 02138

*Linscheer, Willem
Clinical Assistant in Medicine (McL)
McL.

*Linton, Robert R., *Surgery* '30
Board of Consultation, Surgery
1180 Beacon Street, Brookline, Mass. 02146

Lipinski, Joseph F., *Psychiatry* '69
Assistant Resident, Psychiatry
M.G.H.

Lipman, Marvin M., *Medicine* '59
Scarsdale Medical Center,
Scarsdale, N.Y. 10585

Lipowski, Zbigniew J., *Psychiatry* '59
Allan Memorial Institute
1025 Pine Ave., Montreal, Canada

*Lipworth, Leslie
Clinical Associate, Medicine
Massachusetts Department of Public Health
State House, Boston, Mass. 02108

Lisowska, Elwira M., *Medicine* '70
Inst. of Immunology & Experimental Therapy
Chalubinskiego 4, Wroclaw, Poland

Liss, Robert A., *Medicine* '69
Heart Disease Control Program
1600 Clifton Street, Atlanta, Ga. 30333

Lithwick, Norton H., *Orthopedic* '66
C.H.M.C.

*Little, John B., *Radiology* '61
Consultant in Radiology
H.S.P.H.

*Littlefield, John W., *Medicine* '50
Pediatrician
M.G.H.

*Littman, David
Clinical Associate, Medicine
V.A.H. (W.R.)

Litwin, S. Bertrand, *Surgery* '66
C.H.M.C.

Liu, Ching Tung, *Neurosurgery* '46
1855 San Miguel Dr., Walnut Creek, Calif. 94598

Lium, Rolf, *Surgery* '35
Eastern Maine General Hospital, Bangor, Me. 04001

*Livingstone, John B., *Psychiatry* (McL) '63
Assistant Attending Psychiatrist (McL)
47 Crafts Rd., Chestnut Hill, Mass. 02167

Lloyd, John B., *Surgery* '46
L.S.H.

Locke, Edwin A., *Medicine* '02
c/o Boyd, 122 East 76th St., New York, N.Y. 10021

Locke Harry L.F., *Children's* '12
20 Woodruff Rd., Hartford, Conn. 06107

Locksley, Herbert B., *Surgery* '50
Neurosurgery '56
University Hospitals, Iowa City, Iowa 52241

Loeb, John N., *Medicine* '62
Presbyterian Hospital, New York, N.Y. 10032

Loeb, Robert F., *Medicine* '20
950 Park Ave., New York, N.Y. 10028

Loescher, Richard A., *Medicine* '67
U.S.P.H.S. Indian Hospital, Lawton, Okla. 73501

Loftus, James G., *Anesthesia* '70
Muymount
Ballina, Co. Mayo
Ireland

*Loftus, Robert J. Rev.
Clinical & Research Fellow in Psychiatry
M.G.H.

Logue, Patrick J., *Orthopedic* '67
1201 S. Highland Ave., Clearwater, Fla.

Lombroso, Cesare T., *Neurology* '55
C.H.M.C.

*Long, Dennis S.
Assistant Resident, Children's Service
M.G.H.

*Long, John C.
Assistant Resident in Pathology
M.G.H.

*Long, Michael C.
Assistant Resident in Anesthesia
M.G.H.

*Longabaugh, Richard H.
Assistant Social Scientist (McL)
McL.

*Lorch, Stephen
Assistant in Mathematics, Psychiatry
276 Third Street, Cambridge, Mass. 02142

*Lorenz, Maria, *Psychiatry* (McL) '49
Assistant Psychiatrist;
Associate Psychiatrist (McL)
M.G.H.

Los, Edward J., *Anesthesia* '61
St. Luke's Hospital, New York, N.Y. 10025

Lott, Ira T., *Children's* '69
National Institutes of Health, Bethesda, Md. 20014

Lotz, Myron, *Medicine* '60
Jefferson Memorial Hospital, Alexandria, Va. 22302

Lowd, Harry M., Jr., *Children's* '41
359 Essex St., Salem, Mass. 01970

Lowe, Charles U., *Children's* '48
University of Florida College of Medicine, Gainesville, Fla. 32603

*Lowell, Francis C.
Physician M.G.H.

*Lowell, J. Drennan, *Orthopedic* '53
Assistant Orthopedic Surgeon, Board of Consultation
M.G.H.

Lowell, William H., Jr., *Medicine* '40
Collamer Circle, Shelburne, Vt. 05482

*Lowenstein, Edward, *Anesthesia* '63
Associate Anesthetist M.G.H.

Lowis, Samuel, *Neurosurgery* '40
475 Commonwealth Ave., Boston, Mass. 02215

Lubetkin, Barry S., *Psychology* '70
"Suny" at Stoneybrook, Stoneybrook, Long Island, N.Y.

Luck, David J.L., *Medicine* '58
Rockefeller Institute for Medical Research, 66th and York Ave., New York, N.Y. 10021

Ludwig, Alfred O., *Medicine* '36, *Psychiatry* (McL) '37
2 W. Cedar St., Boston, Mass. 02108

Ludwig, George D., *Surgery* '50
Hospital of the University of Pennsylvania, Philadelphia, Pa. 19104

Luessenhop, Alfred J., *Neurosurgery* '57
Georgetown University Hospital, Washington, D.C. 20007

Luikart, Ralph H., *Surgery* '17
5406 Izard St., Omaha, Nebr. 68132

Luikart, Ralph H., II, *Medicine* '44
Dermatology '48
1532 Anacapa St., Santa Barbara, Calif. 93101

Lund, Ivar, *Anesthesia* '47
Ulleval Sykehus, Oslo, Norway

Lunt, Lawrence K., *Medicine* '16
3010 Williamette, Littleton, Colo. 80120

Luongo, Michael A., *Pathology* '47
90 Allandale Rd., Jamaica Plain, Mass. 02130

Lupien, Gordon F., *Orthopedic* '63
110 Francis St., Boston, Mass. 02215

Lurie, Arthur S., *Dermatology* '59
363 Lowell St., Peabody, Mass. 01960

Lurie, Hugh J., *Psychiatry* (McL) '66
1417 East Aloha Street, Seattle, Wash. 98102

Lynn, John G., *Psychiatry* (McL) '27
1775 Chestnut Ave., Long Beach, Calif. 90813

Lytton, William B., *Psychiatry* (McL) '37
St. Vincent's Hospital,
St. Louis, Mo. 63133

*Mabrey, Roy E.
Board of Consultation, Surgery
249 Commonwealth Ave.,
Boston, Mass. 02116

MacAusland, Andrew R., *Surgery* '11
20 Chapel St., Brookline, Mass. 02146

MacAusland, William R., Jr.
The Country Club, Brookline, Mass. 02147

Maccabee, Howard D., *Medicine* '70
Donner Lab.
Univ. of California
Berkeley, California 94708

MacDonald, Ralph F., *Surgery* '22
5812 Guthrie Avenue, Richmond, Va.

*MacDougal, Bruce A., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

Mach, Bernard F., *Medicine* '60
Athenee Street 4, Geneva, Switzerland

Mack, John E., *Medicine* '56
74 Fenwood Rd., Boston, Mass. 02115

*Mackay, Harry A.
Assistant Psychologist, Neurology
M.G.H.

*Mackay, Malcolm
Engineer in Radiology M.G.H.

Mackie, Robert W., *Neurosurgery* '54
Margaretville, N.Y. 12455

MacKinnon, Roderick, *Psychiatry* (McL) '30
Londonderry, Nova Scotia, Canada

MacKnight, Anthony D.C., *Medicine* '71
Univ. of Otago Medical School
P. O. Box 913
Dunedin, New Zealand

MacLaren, Walter R., *Children's* '42
696 E. Colorado Blvd., Pasadena, Calif. 91101

MacLeod, Gordon K., *Medicine* '62
125 Mill Rock Rd., Hamden, Conn. 06514

MacMahon, Charles E., *Surgery* '38
900 Boylston Ave., Seattle, Wash. 98104

MacMillan, Alexander S., Jr., *Radiology* '53
319 Longwood Ave., Boston, Mass. 02215

MacMillan, Hugh A., Jr., *Surgery* '47
1855 Gaylord St., Denver, Colo. 80206

Macomber, Donald, *Surgery* '11
Tide River Farm, Route 2
Brunswick, Maine 04011

Madden, Edwin J., *Orthopedic* '60
166 Tollgate Road, Warwick, R.I. 02886

Madden, John W., *Surgery* '65
University of Arizona Medical College, Tucson, Ariz. 85721

Madey, Stephen L., *Children's* '44
1401 N. Foster Street, Baton Rouge, La. 70806

*Maeda, M.
Research Fellow in Surgery
M.G.H.

*Mahar, Brandan A.
Associate Psychologist (McL)
McL.

Mahoney, Stephen A., Jr., *Surgery* '26
1767 Northampton Street, Holyoke, Mass. 01041

Maier, John, *Medicine* '40
The Rockefeller Foundation
111 West 50th Street, New York, N.Y. 10020

Majerus, Philip W., *Medicine* '63
Washington University
Department of Medicine
St. Louis, Mo. 63110

Makel, Harry P., *Anesthesia* '49
2209 Webster Street, San Francisco, Calif. 94115

*Malamud, Daniel F.
Assistant Biologist, Surgery
S.B.I.

Malcolm, John A., *Surgery* '58
V.A. Hospital, 408 1st Avenue
New York, N.Y. 10010

Malkin, Richard B., *Surgery* '69
c/o Harold J. Malkin
405 East 14th Street, New York, N.Y. 10009

*Malone, Lawrence J.
Assistant Surgeon
8 Hawthorne Place, Boston, Mass. 02114

*Maloof, Farahe, *Medicine* '52
Associate Physician M.G.H.

*Mallette, Lawrence E.
Intern in Medicine
M.G.H.

*Mallory, Thomas H.
Clinical Fellow in Orthopedic Surgery
M.G.H.

Malloy, Joseph K., *Surgery* '47
120 W. Ravine Road, Kingsport, Tenn. 37660

*Malt, Ronald A., *Surgery* '62
Associate Visiting Surgeon
M.G.H.

Mancall, Elliott L., *Pathology* '57
230 N. Broad Street, Philadelphia, Pa. 19102

*Mancini, Eduardo
Assistant Resident in Anesthesia
M.G.H.

Mangoni, Alfonso, *Psychiatry* '60
Clinica Psichiatrica dell
Universita di Milano, Via-B sta, 1,
Milano-Affori, Italy

Manly, Isaac V., *Surgery* '52
1300 St. Mary's Street, Raleigh, N.C. 27605

*Mann, Robert W.
Consultant in Engineering Science,
Orthopedic Surgery
M.I.T., Room 3-449

*Mann, Walter
Associate Psychiatrist
Zero Emerson Place
Boston, Mass. 02114

Mannik, John A., *Surgery* '60
B.U.H.

Mannik, Mart, *Medicine* '61
University of Washington
School of Medicine
Seattle, Wash. 98105

Manson, Elizabeth Sprague, *Children's* '53
1030 St. Francis Drake Blvd.,
San Rafael, Calif. 94904

Manson, James G., *Orthopedic* '63
51 Brattle Street, Cambridge, Mass. 02138

Marble, Alexander, *Medicine* '30
15 Joslin Road, Boston, Mass. 02215

*Marcilio, Carlos A.
Clinical & Research Fellow in Medicine
M.G.H.

*Marcus, Saul M.
Honorary Physician
416 Marlborough Street, Boston, Mass. 02115

Marcy, S. Michael, *Children's* '63
128 S. Swall Drive, Beverly Hills, Calif.

*Margolies, Michael N., *Surgery* '69
Assistant in Surgery
M.G.H.

*Marier, Robert L.
Assistant Resident, Medicine
M.G.H.

*Mark, Eugene J., *Pathology* '69
Assistant Resident, Pathology
M.G.H.

*Mark, Vernon H., *Neurosurgery* '54
Clinical Associate, Neurosurgery
B.C.H.

Markland, A. Colin, *Urology* '62
412 Union Street, S.E.
Minneapolis, Minn. 55414

*Marks, Alan N., *Psychiatry* (McL) '69
Clinical Fellow, Psychiatry (McL)
McL.

*Marks, George A., *Surgery* '33
Board of Consultation, Surgery
15 Dix Street
Winchester, Mass. 01890

*Marmor, Jane B.
Resident in Medicine
M.G.H.

Maroney, John W., *Children's* '32
1205 Delaware Avenue
Wilmington, Del. 19805

Marshall, Clyde S., *Neurology* '27
Department of Public Health
Halifax, Nova Scotia, Canada

Marsland, David W., *Children's* '70
Fort Eustis
McDonald Army Hospital
Virginia 23604

Martin, Albert R., *Medicine* '70
37 Barret Street, Needham, Mass.

Martin, Charles L., *Radiology* '20
3501 Gaston Avenue
Dallas, Texas 75246

*Martin, Donald B., *Medicine* '59
Associate Physician
M.G.H.

Martin, James A., *Surgery* '46
Radiology '51
3501 Gaston Avenue, Dallas, Texas 75246

Maruyama, Yosh, *Radiology* '61
University of Minnesota School of
Medicine, Dept. of Radiology
Minneapolis, Minn. 55455

Marvit, Robert C., *Psychiatry* '70
c/o P.O. Box 8916, Honolulu, Hawaii

Marx, Stephen J., *Medicine* '70
National Institutes of Health
Bethesda, Md. 20014

*Mason, Edward A., *Psychiatry* (McL) '45
Assistant Psychiatrist
M.G.H.

Mason, Earle D., *Medicine* '46
11600 Wilshire Blvd., Los Angeles, Calif.
90025

Mason, John W., *Pathology* '69
Box 611
48 Tactical Hospital
Lukenheath Air Force Base
A.P.O. New York 09179

Mason, William, *Medicine* '21
1030 President Avenue
Fall River, Mass. 02720

Massie, William K., *Pathology* '38
304 S. Limestone Street, Lexington, Ky.
40508

*Masters, Richard
Assistant Dermatologist
M.G.H.

Matchett, Foster L., *Orthopedic* '34
1830 Williams Street Denver, Colo.
80218

Mathe, Aleksander, *Psychiatry* '63
Department of Physiology
Karolinska Institute
S-10401, Stockholm, Sweden

*Mathews, J. Wayne
Resident Psychiatrist (McL)
McL.

Mathews, Samuel S., *Orthopedic* '28
8820 Wilshire Blvd., Beverly Hills, Calif.
90211

*Mathewson, Herbert O.
Resident, Children's Service
M.G.H.

*Mathieu, Alix, *Anesthesia* '68
Clinical Fellow, Anesthesia
M.G.H.

Mathieu, Thomas J., *Urology* '54
1120 W. Spruce Street
Yamina, Wash. 98902

Mathis, William, H., Jr., *Radiology* '48
Kennestone Hospital Marietta, Ga.
30061

*Matta, Raymond J.
Assistant Resident, Medicine
M.G.H.

*Matthysse, Steven W.
Assistant Psychobiologist in Psychiatry
M.G.H.

Mattoso, Luiz F. de Q., *Radiology* '65
Av Epitacio Pessoa 870, Apt. 1205
Lagoa, Rio de Janeiro – Estado da Guanabara, Brazil

*Matz, Myron H.
Assistant in Dermatology
51 Brattle St., Cambridge, Mass. 02138

Maughs, Sydney B., *Psychiatry* '38
4500 W. Pine Blvd., St. Louis, Mo. 63108

May, George A., Jr., *Surgery* '67
2000 Washington St., Newton, Mass. 02161

May, Harold L., *Surgery* '59
P.O. Box 2213-B, Port Au Prince, Haiti, West Indies

*May, James W., Jr.
Assistant Resident, Surgery
M.G.H.

Mayer, George P., *Medicine* '70
School of Veterinary Medicine
New Bolton Center-Univ. of Penn.
RD#1-Kennett Sq., Penn. 19348

Mayer, Richard F., *Neurology* '57
University Hospital,
Department of Neurology,
Baltimore, Md. 21201

Mayman, Chaim I., *Neurology* '61
B.I.H.

*Maynard, Edwin P., III
Associate Physician
M.G.H.

Maynard, Guy B., Jr., *Surgery* '43
Carle Clinic, 602 W. University Ave., Urbana, Ill. 61801

*Mayo, Clara
Associate Psychologist, Psychiatry
M.G.H.

Mayo, Frederick B., *Medicine* '44
144 Beach Bluff Ave., Swampscott, Mass. 01907

Mayo, Richard A., *Orthopedic* '56
South Shore Medical Clinic
Washington St., Norwell, Mass. 02061

*Mazer, Milton
Assistant Psychiatrist
North Water St., Edgartown, Mass. 02539

Mazuzan, John E., Jr., *Anesthesia* '59
Mary Fletcher Hospital,
Burlington, Vt. 05401

McAlpine, Frederick S., *Anesthesia* '57
605 Commonwealth Ave., Boston, Mass. 02215

*McArthur, Janet W., *Medicine* '44
Associate Physician
M.G.H.

McBride, Thomas C.
Clinical Assistant in Medicine
U. Health Services
U. of Massachusetts
Amherst, Mass. 01002

McCann, Samuel M., *Medicine* '50
3136 Sperry Dr., Dallas, Tex. 75214

*McCarthy, Philip L.
Assistant Dermatologist
36 Adams St., Quincy, Mass. 02169

McCaughan, Donald, *Medicine* '70
158 Dale Street, Waltham, Mass. 02154

McClellan, Betty J., *Pathology* '60
University of Oklahoma Medical Center,
800 N.E. 13th St.,
Oklahoma City, Okla. 73104

McClellan, Walter S., *Medicine* '25
406 Whitehead Circle, Chapel Hill, N.C. 27514

*McClelland, William K.
Clinical Associate, Surgery
486 Main St., Greenfield, Mass. 01301

McClung, John L., *Anesthesia* '52
5522 Tolman Terrace, Madison, Wis. 53711

McCollum, Richard G., *Orthopedic* '67
Orthopedic Physicians, Inc.
Suite 400, 1120 Cherry St., Seattle, Washington 98104

McConnell, Fleming, *Radiology* '56
Montreal General Hospital, Montreal, Canada

McCormack, Geraldine A., *Children's* '69
10 Emerson Place, Charles River Park, Boston, Mass. 02114

McCormack, William H., *Medicine* '69
B.C.H.

McCort, James J., *Radiology* '44
Santa Clara County Hospital
San Jose, Calif. 95128

McCoy, William T., *Radiology* '60
19 Avenel Gardens Road
Medindie, South Australia

*McCrae, Charles R.
Assistant Resident in Orthopedic Surgery
M.G.H.

*McCullough, David L.
Assistant Resident, Urology
M.G.H.

*McCullough, Nancy J.
Clinical & Research Fellow in Anesthesia
M.G.H.

*McCully, Kilmer S., *Medicine* '60
Assistant Pathologist
M.G.H.

McCune, William S., *Surgery* '37
2520 L Street, N.W.
Washington, D.C. 20037

McDaniel, John R., *Surgery* '46
902 Edmond Street
St. Joseph, Mo. 64502

McDermott, Leo J., *Orthopedic* '38
151 Vaughan Street
Portland, Maine 01402

*McDermott, William V., Jr., *Surgery* '51
Board of Consultation, Surgery
B.C.H.

McDonald, William, *Anesthesia* '63
1900 Gulf Blvd., Largo, Fla. 33540

*McDonnell, Nancy J., *Psychiatry* (McL) '66
Assistant Attending Psychiatrist (McL)
82 East Side Parkway, Newton, Mass. 02158

*McElhinney, James P.
Clinical & Research Fellow, Acting as Resident, Orthopedic Surgery
M.G.H.

McElroy, William D., *Orthopedic* '32
5912 Eighth Ave., Drive,
West Brandenton, Fla. 33510

McFarland, James C., *Medicine* '69
3163 Bobbie Lane
Decatur, Ga. 30032

McFarland, Robert B., *Pathology* '59
2660 13th Street
Boulder, Colo. 80302

McGahey, Claude E., *Surgery* '46
530 Chestnut St., Manchester, N.H. 03101

*McGann, Robert C., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

McGill, Raymond J., Jr., *Dermatology* '64
7219 Flower Ave., Takoma Park, Md. 20012

McGinty, John B., *Orthopedic* '60
2000 Washington St., Newton Lower Falls, Mass. 02162

*McGovern, Joseph J.M., Jr.
Clinical Associate in Pediatrics
120 Anawan Ave., West Roxbury, Mass. 02132

McGovney, Richard B., *Orthopedic* '30
Box 509, R.R. 1, Waiakoa, Maui, Hawaii, 96793

*McGrath, Edward F.
Clinical Associate in Pediatrics
60 Adams St., Milton, Mass. 02187

*McGuffin, William L., Jr.
Intern in Medicine
M.G.H.

*McGugan, A. David, *Dermatology* '61
Assistant in Dermatology
36 Adams St., Quincy, Mass. 02169

*McGuire, Michael T., *Psychiatry* '62, *Psychiatry* (McL) '63
Assistant Psychiatrist
M.G.H.

McHugh, Paul R., *Neurology* '60
34 Young Ave., Pelham, N.Y. 10803

McIlroy, William J., *Pathology* '60
Toronto Western Hospital
Toronto, Ontario, Canada

McIntyre, Patricia A., *Medicine* '53
Department of Radiological Science, The Johns Hopkins Medical Institutions, 615 North Wolfe St., Baltimore, Md. 21205

McIver, Monroe A., *Surgery* '22
12 Main St., Cooperstown, N.Y. 13326

McKay, Wilfred W., *Children's* '21
R.R. 1, Aylmer, Quebec, Canada

McKeever, Francis M., *Orthopedic* '30
2010 Wilshire Blvd.,
Los Angeles, Calif. 90057

McKenna, John B., *Psychiatry* (McL) '32
Hitchcock Clinic, Hanover, N.H. 03755

McKenna, Paul, *Dermatology* '66
136 Harrison Ave., Boston, Mass. 02111

*McKenzie, Ian F.C.
Clinical & Research Fellow, Surgery
M.G.H.

McKenzie, Wilfred, L., *Children's* '24
54 Bow St., Woburn, Mass. 01801

McKhann, Charles F., *Surgery* '64
Department of Surgery
University of Minnesota Hospital,
Minneapolis, Minn. 55455

*McKittrick, John B., *Anesthesia* '38, *Surgery* '42
Clinical Associate, Surgery
110 Francis St., Boston, Mass. 02215

*McKittrick, Leland S.
Honorary Surgeon
110 Francis St., Boston, Mass. 02215

*McLaughlin, Ambrose P., III, *Surgery* '68, *Urology* '69
Chief Resident in Urology
M.G.H.

McLaughlin, William B., *Orthopedic* '31
6050 Jenkins Arcade, Pittsburgh, Pa. 15222

*McLean, John D.
Chief of Podiatry, Orthopedics
810 Statler Office Building Boston, Mass. 02116

McMillan, Robert M., *Medicine* '41
140 S.W. Broad St., Southern Pines, N.C. 28387

McNamara, John J., *Children's* '68
803 Medical Group
Davis Monathan A.F.B.
Tucson, Ariz. 85721

*McNeely, William F.
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

McNeil, Barbara J., *Children's* '67
P.B.B.H.

*McNeill, J. Malcolm
Radiologist
M.G.H.

McNie, Allan B., *Pathology* '57
353 30th St., Oakland, Calif. 94609

*McNutt, Neil S., *Pathology* '69
Clinical & Research Fellow, Pathology
M.G.H.

McPeak, Clarence N., *Radiology* '29
Henry Heywood Memorial Hospital, Gardner, Mass. 01441

*McPeek, Bucknam, *Anesthesia* '62
Associate Anesthetist
M.G.H.

McPhedran, Alexander M., *Neurology* '62
Emory University School of Medicine, Atlanta, Ga. 30322

McPherson, Sidney R., *Orthopedic* '49
85 Jefferson St., Hartford, Conn. 06103

Mead, Sedgewick, *Medicine* '40, *Pathology* '41, *Neurology* '42
Kaiser Foundation Rehabilitation Center, Vallejo, Calif. 94590

Mealey, John, Jr., *Neurosurgery* '60
Indiana University Medical Center, Indianapolis, Ind. 46207

Means, Paul H., *Medicine* '24
1309 Parsifol N.E., Albuquerque, New Mexico 87112

Meath, James A., *Neurology* '47
P.O. Box 157
Dublin, N.H. 03444

*Medrek, Theodore F.
Assistant Bacteriologist
M.G.H.

Medoff, Gerald, *Medicine* '68
c/o Dr. Carl Harford
Washington Univ.
Barnes & Wohal Hospital
4550 Scott Avenue, St. Louis, Missouri

*Mehmel, Helmuth C.
Research Fellow in Anesthesia
M.G.H.

Meigs, J. Wister, *Medicine* '43
60 College Street, New Haven, Conn. 06510

Meister, Lester, *Children's* '37
Veterans Administration Hospital
Long Beach, Calif. 90801

*Meistrell, Michael L.
Intern in Surgery
M.G.H.

Mellinger, George W., *Medicine* '47
490 Post Street, San Francisco, Calif. 94102

Meltzer, Monte S., *Pediatrics* '70
National Institutes of Health
Bethesda, Md. 20014

Melvin, William J.S., *Orthopedic* '51
3000 Lawrence Avenue East, Scarborough, Ontario, Canada

*Mendelsohn, George E.
Clinical & Research Fellow in Neurosurgery
M.G.H.

Mendelsohn, Mortimer L., *Medicine* '49
Hospital of the University of Pennsylvania, Philadelphia, Pa. 19104

Menn, Stuart J., *Anesthesia* '70
Pulmonary Division
Univ. Hospital of San Diego County 225 W. Dickinson Street, San Diego, Calif. 92103

*Menzin, Aaron W.
Resident Psychiatrist (McL)
McL.

*Merminod, Andre E.
Research Fellow, Neurology M.G.H.

Merrill, Bruce R., *Psychiatry* '41
22 Peninsula Road, Belvedere, Calif. 94920

*Merrill, Edward W.
Consultant in Chemical Engineering, Children's Service
M.I.T.

Mesaros, Marie A., *Anesthesia* '70
Children's Hospital of Pittsburgh
125 De Soto Street, Pittsburgh, Penn. 15213

*Meshorer, Edward
Assistant Attending Psychiatrist (McL)
McL.

*Messner, Edward
Assistant Psychiatrist
Zero Emerson Place Boston, Mass. 02114

Metcalf, Kenneth M., *Children's* '25
133 E. 73rd Street, New York, N.Y. 10021

Meyer, Harold I., *Surgery* '25
434 Arlington Place, Chicago, Ill. 60614

*Meyer, Jack E.
Resident, Radiology
M.G.H.

Michalska, Irene K., *Anesthesia* '67
255 Glenlake Avenue
Toronto, 9, Ontario, Canada

Michel, Albert J.D., *Anesthesia* '50
28, Cours Aristide-Briand
Lyon (4e), France

*Micheli, Lyle J.
Assistant Resident, Orthopedic Surgery
M.G.H.

*Michelsen, Jost J., *Neurosurgery* '38
Clinical Associate, Neurosurgery
M.G.H.

Michie, Alexander J., *Pathology* '43, *Urology* '45
Children's Hospital of Philadelphia
Philadelphia, Pa. 19146

Michie, Catherine R., *Pathology* '44
504 Thomas Street, Stroudsburg, Pa. 18360

Middlebrook, Gardner, *Medicine* '45
University of Maryland School of Medicine, Baltimore, Md. 21201

*Middleton, Charles R., *Psychiatry* (McL) '69
Resident Psychiatrist (McL) McL.

*Mignone, Robert J.
Assistant Resident in Psychiatry
M.G.H.

*Mihm, Martin C., Jr.
Clinical Fellow, Pathology
M.G.H.

Milam, Daniel F., Jr., *Surgery* '52
27 103rd Avenue, N.E., Bellevue, Wash. 98004

*Milier, Cynthia A.
Resident, Children's Service
M.G.H.

*Millard, D. Glynn, *Radiology* '60
Clinical Assistant, Radiology
Thorndike Road, Jaffrey Center, N.H. 03454

*Millender, Lewis H.
Clinical Fellow, Orthopedic Surgery
M.G.H.

Miller, Abbott R., *Radiology* '64
Clinical Assistant, Radiology
1030 President Avenue, Fall River, Mass. 02720

Miller, Alfred E., *Surgery* '58
Th. Korner Weg 17
2 Hamburg 61, Germany

*Miller, Carroll C., *Surgery* '38
Clinical Associate Surgery
304 Humphrey Street Swampscott, Mass. 01907

*Miller, Cynthia A., *Children's* '69
Assistant Resident, Children's Service
M.G.H.

*Miller, Elliott V.
Assistant Anesthetist
330 Mt. Auburn Street Cambridge, Mass. 02138

Miller, Erwin C., *Medicine* '26
7 Military Road, Worcester, Mass. 01609

Miller, James G., *Medicine* '43, *Psychiatry* '44
Cleveland State University
Euclid Ave., at 24th, Cleveland, Ohio 44115

Miller, Jule P., Jr., *Psychiatry* '55
5501 Lindell Avenue, St. Louis, Mo. 63108

*Miller, Lawrence M.
Assistant Physician
8 Whittier Place, Boston, Mass. 02114

*Miller, Martin A., *Psychiatry* (McL) '65
Assistant Psychiatrist (McL)
McL.

Miller, Milton L., *Medicine* '32
University of North Carolina School of Medicine
Chapel Hill, N.C. 27515

Miller, R. Bretney, *Medicine* '38
2001 1 Street, N.W., Washington, D.C. 20006

Miller, Ralph B., *Radiology* '32
P.O. Box 10971, St. Petersburg, Fla. 33733

*Miller, Stephen W.
Assistant Resident in Radiology
M.G.H.

Miller, William L., *Pathology* '61
University of Arizona College of Medicine, Tucson, Ariz. 85721

Millet, J. Bradford, *Surgery* '48
5 Tennyson Circle, New Hartford, N.Y. 13413

*Mills, John A., *Medicine* '58
Associate Physician
M.G.H.

*Mills, Lawrence J., *Surgery* '69
Assistant Resident, Surgery
M.G.H.

Mills, Lloyd, Jr., *Medicine* '44
1136 West 6th Street, Los Angeles, Calif. 90017

*Millstein, Philip L.
Assistant Dental Surgeon (McL)
McL.

*Milner, Larry S.
Clinical & Research Fellow, Medicine
M.G.H.

*Milunsky, Aubrey
Assistant Pediatrician
M.G.H.

*Miner, Richard L.
Visiting Oral Surgeon
363 Marlborough Street, Boston, Mass. 02115

*Minette, Lawrence J.
Assistant Resident, Pathology
M.G.H.

Ming, Si-Chun, *Pathology* '56
B.I.H.

Minna, John D., *Medicine* '69
National Heart Institute
Bethesda, Md. 20014

Mintz, E. Ross, *Pathology* '30, *Urology* '32
18 Rundlett St., Concord, N.H. 03301

*Mintz, Norbett L.
Associate Psychologist (McL)
McL.

*Mintz, Sophie B.
Assistant Psychologist (McL)
McL.

*Mirhosseini, Seid A.
Clinical & Research Fellow, Pediatrics
M.G.H.

Mirkin, Gabriel B., *Children's* '63
14411 Butternut Court
Rockville, Md. 20850

Mital, Mohinder A., *Orthopedic* '68
University of Strathclyde,
Bioengineering Unit, Montrose St.,
Glascow, C.I., Scotland.

Mitchel, Duane H., *Medicine* '47
1633 Fillmore Street, #204
Denver, Colo. 80206

Mitchell, David C., *Orthopedic* '63
Henry Ford Hospital
Detroit, Mich. 48202

Mittel, Neuman S., *Psychiatry* (McL) '59
309 Buckminster Road Brookline, Mass. 02146

*Mixter, Charles G., Jr., *Surgery* '47
VA Hospital
Brockton, Mass. 02401

*Mixter, Charles G., III, *Surgery* '69
Assistant Resident, Surgery
M.G.H.

Mixter, George, Jr., *Surgery* '43
535 North Dearborn Street
Chicago, Ill. 60610

*Miyai, Kenji
Research Fellow, Biochemistry
(Medicine)
M.G.H.

Mnaymneh, Walid Ahmed, *Orthopedic* '62
American University Hospital
Beirut, Lebanon

*Mobarek, Yousef S.
Clinical Fellow in Anesthesia
M.G.H.

*Moellering, Robert C., *Medicine* '67
Assistant in Medicine
M.G.H.

Moffitt, Herbert C., Jr., *Medicine* '42
909 Hyde Street, San Francisco, Calif. 94109

Mogielnicki, Robert P., *Medicine* '67
Resident in Medicine
M.G.H.

*Mokrasch, Lewis C.
Associate Biochemist (McL)
McL.

Molind, Samuel E., *Oral Surgery* '70
Philadelphia General Hospital
2 Earnshaw Lane, Willingboro, New Jersey 08046

Molloy, Maureen K., *Orthopedic* '62
348 College Street, Burlington, Vt. 05402

Moloney, David R., *Dermatology* '66
21 Woodland Street, Hartford, Conn. 06105

*Mols, John M., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

*Momose, K. Jack, *Radiology* '57
Associate Radiologist
M.G.H.

Monaco, Anthony P., *Surgery* '63
B.C.H.

Monahan, John J., *Orthopedic* '62
22 West 39th Street, Erie, Pa. 16508

Monchik, Jack M., *Surgery* '70
435 E. 70th Street
New York, N.Y. 10021

Moncure, Ashby C., *Surgery* '67
Assistant Surgeon
M.G.H.

*Mondale, Jason E., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
B.I.H.

Monroe, John T., Jr., *Medicine* '56
Medical Arts Building
891 W. Willow Drive, Chapel Hill, N.C. 27514

Montgomery, Hugh, *Medicine* '32
Hospital of the University of
Pennsylvania, Philadelphia, Pa. 19104

Montgomery, Orland F., *Surgery* '16
890 Coleman Avenue, Menlo Park, Calif. 94025

Moolten, Frederick L., *Medicine* '68
Boston University School of Medicine
80 E. Concord Street, Boston, Mass. 02118

Moore, Burness E., *Psychiatry* '42
152 East 73rd Street, New York, N.Y. 10021

*Moore, Francis D., *Surgery* '43
Board of Consultation, Surgery
P.B.B.H.

*Moore, Gordon T., *Medicine* '68
Assistant in Medicine
B.B.H.C.

*Moore, Michael J., *Neurology* '68
Clinical and Research Fellow, Neuropathology
M.G.H.

Moore, Robert F., *Medicine* '54
440 North Main Street, Randolph, Mass. 02368

Moore, S. Halcuit, Jr., *Children's* '37
P.O. Box 28, Dallas, Texas 75221

Moore, William R., *Surgery* '69
15 Candlewood Circle, Pittsford, N.J.

Mora, Federico, *Medicine* '51, *Surgery* '53, *Neurosurgery* '57
717 Encino Pl., N.E., Albuquerque, N.M. 87106

Moran, John E., *Neurology* '28
P.O. Box 714, Greenfield, Mass. 01301

Moran, Thomas W., Jr., *Pathology* '50
Mellon National Bank Building
Latrobe, Pa. 15650

Moreton, John R., *Surgery* '45
45 Meadowbrook Road, Weston, Mass. 02193

Morgan, Clarence L., *Children's* '60
University of Washington School of Medicine, Seattle, Wash. 98105

Morgan, William L., Jr., *Medicine* '57
University of Rochester, School of Medicine, Seattle, Wash. 98105

Morgan, Winfield S., *Pathology* '51
Aultman Hospital
2600 6th Street S.W., Canton, Ohio 44710

Morley, Helen R., *Anesthesia* '69
15 Sparhawk Street, Brighton, Mass. 02135

Morris, Harry D., *Orthopedic* '37
1514 Jefferson Highway, New Orleans, La. 70120

Morris, John McL., *Surgery* '47
Yale University, School of Medicine, New Haven, Conn. 06520

Morris, Peter J., *Surgery* '64
Melbourne University
Royal Melbourne Hospital
Parkville, N.2., Victoria, Australia

*Morris, Roger H., *Anesthesia* '63
Associate Anesthetist
M.G.H.

Morrison, Gordon M., *Orthopedic* '41
77 San Mateo Drive, San Mateo, Calif. 94401

Morrison, Harvey R., *Medicine* '36, *Radiology* '39
45 Damien Road, Wellesley Hills, Mass. 02182

Morrison, Roger W., *Surgery* '43
65 Sunset Parkway, Asheville, N.C. 28801

Morrissey, E. James, *Orthopedic* '36
1121 Penn Avenue, Wyomissing, Pa. 19610

Morrissey, Eugene J., *Orthopedic* '65
1121 Penn Avenue, Wyomissing, Pa. 19610

*Morrissy, Raymond T.
Research Fellow, Orthopedic Surgery
R.F.

Morse, George W., *Surgery* '12
121 Nichols Road, Cohasset, Mass. 02025

Morton, John J., *Surgery* '16
Strong Memorial Hospital
Rochester, N.Y. 14620

*Moser, Hugo W., *Neurology* '59
Neurologist
M.G.H.

*Moses, John M.
Clinical Associate
Mt. Auburn Hospital
Cambridge, Mass. 02135

Moss, Arthur J., *Medicine* '61
Strong Memorial Hospital, Rochester, N.Y. 14620

Moss, Gerald S., *Surgery* '65
Veterans Administration West Side Hospital, 820 So. Damien Ave., Chicago, Ill. 60612

Moyer, Dean LaR., *Pathology* '55
Los Angeles County Harbor General Hospital, Torrance, Calif. 90509

Mückenhausen, Christa U., *Neurology* '70
M.I.T.

Mudd, S. Harvey, *Medicine* '54
National Institutes of Health, Bethesda, Md. 20014

Mudd, Seeley G., *Medicine* '26
523 West 6th St., Los Angeles, Calif. 90014

Mueller, Barbara C., *Psychiatry* (McL) '59
707 Commonwealth Ave.
Newton Centre, Mass. 02159

*Mueller, Egbert H., *Psychiatry* '58, *Psychiatry* (McL) '60
Assistant Attending Psychiatrist (McL)
707 Commonwealth Ave., Newton Centre, Mass. 02159

Mueller, Gustave C.E., *Surgery* '64
F.M., National Bank, Princeton, Wis. 54967

*Mueller, H. Peter
Clinical Associate, Radiology
5 Woodland Rd., Stoneham, Mass. 02180

Mueller, Harry L., *Children's* '35
C.H.M.C.

Mukherjee, Mukunda D., *Pediatrics* '70
Dept. of Nutrition, M.I.T.
Cambridge, Mass.

Mulford, Edwin H., II, *Neurosurgery* '47
5 Elm Crest Terrace, Norwalk, Conn. 06850

*Mull, John D.
Resident in Medicine
M.G.H.

Müller, Alex T., *Medicine* '53
Hôpital Cantonal,
Geneva, Switzerland

*Mullin, Charles S.
Clinical Assistant, Psychiatry
M.G.H

Mullin, Edward M., *Surgery* '69
National Heart Institute, Bethesda, Md. 20014

*Mundth, Eldred D., *Surgery* '66
Assistant Surgeon
M.G.H.

Munro, Jeannette, *Children's* '29
36-04 Meadow Lakes
Hightstown, N.J. 08520

Munro, Nathan D., *Surgery* '44
740 W. Michigan Ave., Jackson, Mich. 49201

Murad, Ferid, *Surgery* '67
7920 Sleaford Place, Bethesda, Md. 20014

Murphy, George B., Jr., *Surgery* '57
Gundersen Clinic La Crosse, Wis. 54601

Murphy, Grace L., *Dermatology* '30
601 S. Bowman Avenue, Merion Station, Pa. 19066

*Murphy, John D., *Anesthesia* '63
Assistant Anesthetist
M.G.H.

*Murphy, Joseph T.
Clinical Assistant, Pediatrics
B.H.H.C.

*Murphy, Michael D., *Psychiatry* '69
Assistant Resident, Psychiatry
M.G.H.

*Murphy, Raymond L.H.
Clinical Assistant, Medicine
Medical Station, Logan Airport, East Boston, Mass.

*Murphy, Ruth, *Psychiatry* (McL) '57
Concord Rd., Lincoln, Mass. 01751

*Murphy, William F.
Attending Psychiatrist (McL)
82 Marlborough St., Boston, Mass. 02116

Murray, Albert E.
Worcester Foundation for Experimental Biology
Worcester, Mass.

Murray, David B., *Pathology* '56
1550 W. Rosedale St., Fort Worth, Texas 76104

Murray, Gordon F., *Surgery* '67
The Johns Hopkins Hospital
Baltimore, Md. 21205

*Murray, Joseph E.
Consultant in Plastic Surgery
P.B.B.H.

Murray, Michael J., *Surgery* '69
M.E.E.I.

*Murray, Thomas G.
Intern in Medicine
M.G.H.

Mushatt, Cecil, *Psychiatry* '46
1093 Beacon St., Brookline, Mass. 02146

*Myers, Gordon S., *Medicine* '43
Physician
Zero Emerson Place
Boston, Mass. 02114

*Myers, Harvey A.P.
Assistant Resident, Psychiatry
M.G.H.

*Myers, Richard S., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Nadas, Alexander S.
Consultant in Pediatrics
C.H.M.C.

*Nahas, Roger A.
Research Fellow in Surgery
M.G.H.

Nahor, Amos, *Psychiatry* (McL) '66
Tel-Hashomer Hospital
Ramat Gan, Israel

*Nakamura, Hiroyuki
Research Fellow, Pediatrics
M.G.H.

Nalebuff, Edward A.
Assistant Orthopedic Surgeon
Zero Emerson Place
Boston, Mass. 02114

Nandi, Pradip K., *Medicine* '70
Dept. of Physical Chemistry
I.A.C.S.
Calcutta, India

*Nardi, George L., *Surgery* '51
Visiting Surgeon
M.G.H.

Nash, Andrea H., *Children's* '65
4438 Bloomdale Ave., San Antonio, Texas 78218

Nash, Gerald, *Pathology* '68
Surgical Research Unit
Brook Army Medical Center
Fort Sam Houston, Texas 78234

*Nasir-ud-Din
Research Fellow in Biochemistry (Medicine)
M.G.H.

Nathan, Louis, *Orthopedic* '30
Veterans Administration
Outpatient Clinic
17 Court St., Boston, Mass. 02108

Nathan, Martin J., *Surgery* '69
Mt. Sinai Hospital
4500 Alton Rd., Miami, Florida 33140

*Neale, Robert B.
Assistant in Radiology
M.G.H.

*Nebesar, Robert A., *Radiology* '63
Clinical Associate, Radiology
C.H.M.C.

Necek, Stanislaw K., *Anesthesia* '70
Allgemeines Krankenhaus
A-4020 Linz
Austria

*Neel, Hartley S.
Assistant Resident in Radiology
M.G.H.

*Neer, Robert M.
Assistant Physician
M.G.H.

*Neiberg, Norman A.
Assistant Psychologist, Psychiatry
M.G.H.

Nellhaus, Gerhard, *Children's* '59
4200 E. 9th Avenue
Denver, Colo. 80220

Nelson, Bruce D., *Surgery* '66
27452 Elmbridge Drive
Palos Verdes Penisula, Calif. 70274

Nelson, Clarence E., *Surgery* '39
384 Post Street, Suite 607
San Francisco, Calif. 94102

Nelson, Michael M., *Psychiatry* '69
Assistant Resident in Psychiatry
M.G.H.

Nelson, Russell M., *Surgery* '54
508 East on South Temple Street
Salt Lake City, Utah 84102

Nemiah, John C., *Psychiatry* '49
Board of Consultation, Psychiatry
B.I.H.

Neptune, Edgar McC., *Surgery* '28
17 Lynacres Blvd., Fayetteville, N.Y. 13066

Nesche, George E., *Medicine* '29
411 30th Street
Oakland, Calif. 94611

*Neuhauser, Edward B.D.
Consultant in Radiology
C.H.M.C.

Neville, Charles W., Jr., *Psychiatry* (McL) '59
Duke University
49 Zillicoa St., Ashville, N.C. 28801

*New, Paul F.J.
Radiologist
M.G.H.

Newell, James W., *Surgery* '44
Medical Plaza, 1101 Welch Road
Palo Alto, Calif. 94304

*Newell, John L., *Surgery* '32
Board of Consultation, Gynecology
319 Longwood Ave., Boston, Mass. 02115

Newhall, Harvey F., *Surgery* '06
1 Suntang St., Lynnfield, Mass. 01942

*Newhouse, Jeffrey H., *Radiology* '69
Resident, Radiology
M.G.H.

Newman, Elliott V., *Children's* '41
Vanderbilt University, School of Medicine, Nashville, Tenn. 37203

Newman, Herbert A., *Children's* '60
154 Brite Avenue, Scarsdale, N.Y. 10583

Newstedt, J. Roger, *Surgery* '50
108 William Howard Taft Road
Cincinnati, Ohio 45219

*Nguyen, Nghia C.
Clinical & Research Fellow in Neurosurgery
M.G.H.

*Niall, Hugh D.
Research Fellow in Medicine
M.G.H.

Nicholson, Jesse T., *Orthopedic* '33
419 South 19th Street
Philadelphia, Pa 19146

*Nickman, Steven L.
Assistant Resident, Psychiatry
M.G.H.

Nicosia, Arnold P., *Children's* '49
1554 Northern Blvd., Manhasset, Long Island, N.Y. 11030

Nielsen, Talmadge W., *Surgery* '53
60 South 4th Avenue East
Salt Lake City, Utah 84111

Nigra, Thomas P., *Dermatology* '69
National Cancer Institute
Bethesda, Md. 20014

Ninomiya, Setsuo, *Orthopedic Surgery* '70
C.H.M.C.

Nilges, Richard G., *Neurosurgery* '51
700 N. Michigan Avenue, Chicago, Ill. 60611

Noble, Charles A., Jr., *Medicine* '31
384 Post Street, San Francisco, Calif. 94108

*Noble, John J., Jr., *Medicine* '65
Assistant in Medicine
M.G.H.

Nobles, Eugene R., Jr., *Surgery* '61
Sanders Clinic, Baptist Medical Bldg., Memphis, Tenn. 38103

*Noe, Joel M.
Assistant Resident in Surgery
M.G.H.

Noone, P. Francis, *Anesthesia* '63
Lenox Hill Hospital
100 E. 77th Street, New York, N.Y. 10021

Norbury, Frank B., *Medicine* '49
Norris Hospital
446 East State Street, Jacksonville, Ill. 62650

Norcross, John W., *Medicine* '37
605 Commonwealth Avenue, Boston, Mass. 02215

Normann, Nils, *Anesthesia* '51
13855 Superior Rd., Cleveland, Ohio 44118

*Norton, Paul L., *Orthopedic* '34
John Cuming Bldg.
Concord, Mass. 01742

*Novelline, Robert A.
Assistant Resident in Radiology
M.G.H.

Novy, Miles J., *Surgery* '64
Univ. of Oregon Medical School Hospitals, Portland, Ore. 97201

Nozik, Daniel L., *Oral Surgery* '68
2261-2265 Medical Arts Bldg., 1169 Eastern Parkway, Louisville, Ky. 40220

Oakley, Joseph C., *Dentistry* '59
507 Main Street, Worcester, Mass. 01608

O'Brien, Charles P., Jr., *Medicine* '65
607 North Essex Street
Narberth, Pa. 19072

O'Brien, Frederick W., Jr., *Radiology* '51
1595 North D Street
San Bernardino, Calif. 92405

*O'Brien, Richard G.
Clinical Associate, Radiology
697 Cambridge St., Brighton, Mass. 02135

O'Brien, Robert M., *Orthopedic* '41
950 Francis Place, St. Louis, Mo. 63105

*O'Brien, William J.
Clinical Fellow, Anesthesia
M.G.H.

O'Brien, William M., *Medicine* '58
University of Virginia Hospital
Charlottesville, Va. 22901

O'Connell, Francis D., *Orthopedic* '67
24 Elmwood Road, Wellesley, Mass. 02181

O'Connell, Theodore X., *Surgery* '70
U.C.L.A.
Los Angeles, Calif.

O'Connor, Denis S., *Orthopedic* '25
237 Edwards Street, New Haven, Conn. 06511

O'Connor, Harrison, *Orthopedic* '53
36 Woburn Street, Reading, Mass. 01867

O'Connor, Joseph R.F., *Anesthesia* '70
University Hospital
750 Harrison Ave., Boston, Mass. 02118

Odland, George F., *Medicine* '47, *Dermatology* '54
University of Washington School of Medicine, Seattle, Wash. 98105

Ogden, Ralph T., *Children's* '25
85 Jefferson St., Hartford, Conn. 06103

Oh, Kook S., *Radiology* '69
C.H.M.C.

Oh, Won Hwan, *Orthopedic* '67
P.B.B.H.

*O'Hara, Donald S.
Research Fellow, Medicine
M.G.H.

*Ohman, John L., Jr.
Clinical & Research Fellow in Medicine
M.G.H.

*Ojemann, Robert G., *Neurosurgery* '61
Associate Visiting Neurosurgeon
M.G.H.

Okagaki, Takashi, *Pathology* '67
113 Higashihonji-machi
Tottori-shi, Tottori, Japan

O'Keefe, Dennis D., *Surgery* '67
Lahey Clinic
605 Commonwealth Ave., Boston, Mass. 02215

O'Keeffe, Arthur F., *Surgery* '51
648 Canton Ave., Milton, Mass. 02186

Okun, Milton R., *Dermatology* '60
47 Commercial Wharf, Boston, Mass. 02110

*O'Leary, Daniel H.
Assistant Resident in Neurology
M.G.H.

*Olin, Harry S., *Psychiatry* '59, *Psychiatry* (McL) '60
Assistant Psychiatrist
55 Windsor Drive, Waban, Mass. 02168

*Olin, Morton J.
Visiting Oral Surgeon
286 Massachusetts Ave., Arlington, Mass. 02174

*Olivier, Normand E.
Clinical Fellow, Medicine
M.G.H.

*Oluwasanmi, Joseph O.
Research Fellow in Surgery
M.G.H.

O'Machi, Rodney S., *Medicine* '70
10201 Rockville Pike, Rockland, Md.

O'Malley, Austin F., *Urology* '57
20 Gleason St., Hyannis, Mass. 02601

*O'Malley, John E.
Assistant Resident, Psychiatry
M.G.H.

Omenn, Gilbert S., *Medicine* '67
University of Washington Medical Center, Seattle, Wash. 98105

Omer, Joy A., *Orthopedic* '12
2648 East 7th Street, Tucson, Ariz. 85716

*Onwukwe, Mbe Felix
Assistant Resident, Dermatology
M.G.H.

*Oparil, Suzanne, *Medicine* '53
Clinical & Research Fellow, Medicine
M.G.H.

Organick, Avrum B., *Medicine* '53
Denver General Hospital
201 West 6th Avenue., Denver, Colo. 80204

Ormandy, Laszlo, *Orthopedic* '43
3109 10th Street, N.
Arlington, Va. 22201

Oronsky, Arnold L., *Medicine* '71
CIBA-Geigy
Ardsley, New York

*Orr, James C.
Assistant Biochemist, Medicine
M.G.H.

Orski, Barbara M., *Children's* '56
Kaiser Foundation Hospital
Oakland, Calif. 94611

Osborn, June E., *Children's* '63
University of Wisconsin Medical School, Madison, Wis. 53706

*Osborn, Lawrence W.
Clinical Fellow, Acting Assistant Resident, Psychiatry
M.G.H.

*Osborne, Robert K., *Medicine* '62
Clinical Associate in Medicine
Dedham Medical Association
743 High Street, Dedham, Mass. 0202(

Osgood, Herman A., *Radiology* '19
139 Bellevue Avenue, Melrose, Mass. 02176

Osgood, Howard, *Medicine* '17
675 Delaware Street, Buffalo, N.Y. 14202

*Osgood, Patricia W.
Research Fellow, Anesthesia
M.G.H.

O'Shea, Clare Marshall, *Neurology* '54
Enosburg Falls, Vt. 05450

*O'Shea, James A., *Children's* '50
Clinical Associate in Pediatrics
339 Haverhill Street, Lawrence, Mass. 01840

*O'Shea, Kathleen T., *Dermatology* '70
Clinical Assistant, Dermatology
M.G.H.

Osius, Eugene A., *Medicine* '23
David Whitney Building, Detroit, Mich. 48226

*Osler, David C.
Intern, Children's Service
M.G.H.

*Osmond, John D., III
Assistant Resident, Radiology
M.G.H.

Ostheimer, Gerard W., *Anesthesia* '70
Chief, Anesthesia & Operating Service
Fort Benning, Georgia 31905

O'Sullivan, Renee B., *Children's* '57
14 Denton Road, Wellesley, Mass. 02181

*Ott, Kenneth H.
Intern in Surgery
M.G.H.

*Ottinger, Leslie W., *Surgery* '66
Assistant Surgeon M.G.H.

*Otto, William J., Jr., *Radiology* '64
Clinical Assistant, Radiology
Beverly Hospital, Beverly, Mass. 01915

Ouellette, Eileen M., *Children's* '64, *Neurology* '68, *Neuropathology* '69
B.C.H.

Ovadia, Jardena, *Surgery* '70
115 Rotschild Street, Petoh, Tikva, Israel

Owen, Pere A., *Anesthesia* '67
U.S. Air Force, Omaha, Nebr. 68113

Owen, William R., *Medicine* '52
6410 Fannin St., Houston, Texas 77025

*Owens, William D.
Assistant Resident, Anesthesia
M.G.H.

Owyang, Pauline, *Children's* '43
P.O. Box 1365, Costa Mesa, Calif. 92626

*Ozdemir, Coskum
Visiting Fellow, Neurology
M.G.H.

*Ozer, Asli
Research Fellow in Medicine
M.G.H.

Pachas, Willy N., *Medicine* '70
VA Hospital
Baltimore, Md. 21218

Packard, George B., *Surgery* '17
2415 East Cedar Street
Denver, Colo. 80209

Packert, Richard C., *Radiology* '58
Memorial Hospital for Cancer and Allied Diseases, New York, N.Y. 10021

Page, David L., *Pathology* '68
National Institutes of Health, Bethesda, Md. 20014

*Page, Lot. B., *Medicine* '56
Assistant Physician
2000 Washington Street, Newton Lower Falls, Mass. 02162

*Pageau, Raymond
Research Fellow, Medicine, M.G.H.

*Pajari, Karen L., *Psychiatry* '70
Clinical Assistant, Psychiatry
M.G.H.

*Palmer, Don
Assistant in Psychiatry
M.I.T. Medical Department

*Palmer, R. Sterling, *Medicine* '27
Honorary Physician
330 Dartmouth Street, Boston, Mass. 02116

Pant, Shyam S., *Neurology* '63
318 Vinay Marg, New Delhi, India

*Pantazelos, Hytho H.
Clinical Fellow, Surgery M.G.H.

*Paolitto, Frank J., *Psychiatry* (McL) '66
Assistant Psychiatrist
Boston State Hospital, Dorchester, Mass. 02024

Papadopoulos, Demetrios A., *Urology* '56
81 Egnatias Street, Thessaloniki, Greece

*Papas, Arthur N.
Assistant in Psychiatry M.G.H.

Papazian, Clement E., *Children's* '60
Permanete Medical Group, Fontana, Calif. 92335

Pappas, Arthur M., *Orthopedic* '63
University of California Hospitals, San Francisco, Calif. 94122

*Park, Kyung M.
Assistant Resident in Anesthesia
M.G.H.

*Parker, Howard G.
Research Fellow, Orthopedic Surgery
M.G.H.

Parker, Jack S., *Surgery* '46
332 Washington Street, Wellesley Hills, Mass. 02181

Parker, John C., *Medicine* '63
1010 Highland Woods, Chapel Hill, N.C. 27514

*Parker, Stephen W.
Assistant Resident, Neurology, M.G.H.

Parkhurst, Albert E., *Medicine* '19
Beverly Hospital, Beverly, Mass. 01915

*Parkhurst, Edward C., *Urology* '58
Assistant Urologist, M.G.H.

*Parkinson, David K.
Clinical & Research Fellow in Medicine M.G.H.

*Parks, Joe M.
Research Fellow, Psychiatry M.G.H.

Parnall, Edward, *Orthopedic* '32
1 Medical Arts Square, Albuquerque, N.M. 87106

*Parrish, John A.
Assistant Resident, Dermatology, M.G.H.

Parson, William, *Medicine* '42
University of Virginia School of Medicine, Charlottesville, Va. 22901

Parsons, David W., *Medicine* '71
13 Pelham Island Road, Wayland, Mass. 01778

*Parsons, Edward F.
Clinical & Research Fellow, Medicine, M.G.H.

*Parsons, Langdon, *Surgery* '29
Honorary Surgeon
266A Beacon Street, Boston, Mass. 02116

*Patel, Dineshkumar G., *Orthopedic* '68
Assistant Resident, Orthopedic Surgery, M.G.H.

*Pathak, Madhukar A.
Associate Biochemist, Dermatology, M.G.H.

Patterson, H. Eugene, *Children's* '52
800 Hilldale, Berkeley, Calif. 94708

Patterson, Robert D., *Psychiatry* (McL) '67
9609 Carriage Rd., Kensington, Md. 20795

Patterson, Robert L., Jr., *Orthopedic* '35
535 East 70th St., New York, N.Y. 10021

Patterson, Russell H., *Surgery* '19, *Urology* '20
200 East 66th St., New York, N.Y. 10021

*Patton, Anthony S., *Surgery* '64
Clinical Associate, Surgery
159 Locust St., Danvers, Mass. 01923

Pauker, Stephen G., *Medicine* '70
N.E.M.C.H.

Paul, Igor L.
Consultant in Engineering Science, Orthopedic Surgery,
M.I.T., Room 3-449

Paul, John R., Jr., *Children's* '43
94 Church Street, Charleston, S. Carolina 29401

Paul, Oglesby, *Medicine* '43
Passavant Memorial Hospital, Chicago, Ill. 60611

Peabody, Homer D., Jr., *Medicine* '45
2001 4th Ave., San Diego, Calif. 92101

Peacock, Munro, *Medicine* '70
Medical Research Council, General Infirmary
Leeds 1, Yorks, England

*Pearce, John K., Jr.
Assistant Attending Psychiatrist (McL) McL.

Pearlman, Alan L., *Neurology* '65
H.M.S.

Pearse, Richard L., *Surgery* '34
1821 Green St., Durham, N.C. 27705

Pearson, Carl M., *Pathology* '48
University of California Medical Center, Los Angeles, Calif. 90024

Pearson, Olaf H., *Medicine* '42
Western Reserve University, School of Medicine, Cleveland, Ohio 44106

*Pechet, Maurice M., *Medicine* '52
Assistant in Medicine
49 Amherst St., Cambridge, Mass. 02142

Pederson, Donald P., *Anesthesia* '57
650 S. Central Ave., Marshfield, Wis. 54449

*Peebles, Richard R.
Associate Psychologist, Psychiatry, M.G.H.

*Peebles, Thomas C., *Children's* '55
Pediatrician M.G.H.

Peete, William P.J., *Surgery* '53
Duke University Medical Center, Durham, N.C. 27706

Peiffer, Geraldine M., *Anesthesia* '57
6541 Forest Ave., Hammond, Ind. 46324

Pellegrino, Michele A., *Surgery* '70
National Institutes of Health
Bethesda, Md. 20014

Peltz, William L., *Psychiatry* (McL) '38
111 North 49th St., Philadelphia, Pa. 19139

*Pendergrass, Henry P.
Radiologist; Associate Radiologist (McL) M.G.H.

*Perez, Oswaldo A.
Clinical Fellow in Urology
M.G.H.

Perkins, Arthur, *Surgery* '25
813 Ogden Canyon, Ogden, Utah 84401

Perkins, William A., *Surgery* '19
3001 Benvenue Ave., Berkeley, Calif. 94705

Perley, Abraham I., *Dermatology* '48
2030 11th Ave., South, Birmingham, Ala. 35205

*Perlo, Vincent P.
Neurologist M.G.H.

Perlstein, George *Pathology* '68, *Neurology* '69
Palo Alto Medical Clinic, 300 Homer Avenue, Palo Alto, Calif. 94301

Perrin, George M., *Children's* '54
Philadelphia General Hospital, Mills Building, Philadelphia, Pa. 19104

*Perry, Jalna Ann, *Psychiatry* (McL) '59
Assistant Psychiatrist (McL)
McL.

Perry, John W., *Psychiatry* (McL) '47
2206 Steiner St., San Francisco, Calif. 94115

Persons, Elbert L., *Medicine* '30
Duke University Medical Center, Durham, N.C. 27706

*Peters, James I.
Clinical Fellow, Medicine
M.G.H.

Peters, John H., *Medicine* '43
34 Beech Rd., Brookline, Mass. 02140

*Petersen, James A., *Radiology* '56
Clinical Assistant, Radiology
16 Clarke St., Lexington, Mass. 02173

Peterson, Edwin W., *Medicine* '47
Arneill Clinic, 1765 Sherman St., Denver, Colo. 80203

Peterson, Harold O., *Radiology* '36
University of Minnesota Hospitals, Minneapolis, Minn. 55414

Peterson, Hart de C., *Children's* '61
New York Hospital, 525 East 68th St., New York, N.Y. 10021

Petranek, Joseph R., *Medicine* '55
2 Poplar St., Ipswich, Mass. 01938

*Pfeffer, William, Jr.
Clinical Associate in Pediatrics
3 Seaward Rd., Wellesley Hills, Mass. 02181

*Pfister, Richard C.
Associate Radiologist M.G.H.

Phelps, Winthrop M., *Orthopedic* '22, *Surgery* '23
3038 St. Paul St., Baltimore, Md. 21218

*Phillips, Anne W.
Clinical & Research Fellow, Surgery, M.G.H.

Phillips, Edgar B., II, *Children's* '49
American Child Guidance Foundation, 18 Tremont St., Boston, Mass. 02108

Phillips, Fredric J., *Psychiatry* (McL) '67
c/o Dr. J.A. Jones, Duck Hill Rd., Duxbury, Mass. 02332

*Picard, Ernest H., *Neurology* '57
Associate Neurologist M.G.H.

*Pick, Walter, *Children's* '47
Clinical Associate in Pediatrics
42 Fox St., Fitchburg, Mass. 01420

Pickard, Nicholas S., *Orthopedic* '40
411 Nicholas Rd., Kansas City, Mo. 64112

*Pier, Arthur S., Jr., *Medicine* '42
Associate Physician
266 Beacon St., Boston, Mass. 02116

Pier, Gardner, *Surgery* '43
Box 68, Truckee, Calif. 95734

*Pierce, Chester M.
Psychiatrist
Harvard University, Nichols House, Appian Way, Cambridge, Mass. 02138

*Pierce, Donald S.
Associate Orthopedic Surgeon; Chief, Department of Rehabilitation Medicine, M.G.H.

*Piessens, Willy F.
Clinical & Research Fellow in Medicine M.G.H.

Pietra, Giuseppe G., *Pathology* '62
2020 West Ogden Ave., Chicago, Ill. 60612

Pike, Maurice M., *Orthopedic* '29
Old Mountain Rd., Farmington, Conn. 06032

*Pikula, John V.
Clinical Assistant, Surgery
B.C.H.

Pillsburg, Philip L., *Medicine* '42
3512 Clay St., San Francisco, Calif. 94118

*Pinn, Vivian W., *Pathology* '69
Assistant Resident, Pathology, M.G.H.

*Pinnell, Sheldon R.
Clinical & Research Fellow, Acting Assistant Resident, Dermatology, M.G.H.

*Piper, Edmund L.
Clinical Associate in Dermatology
96 Chestnut St., Portsmouth, N.H. 03801

Pippitt, Richard B., *Medicine* '38, *Pathology* '39, *Neurology* '41
Memorial Hospital, North Conway, N.H. 03860

*Pittman, Helen S.
Honorary Physician
Higley Rd., Groton, Mass. 01450

Pittman, James A., Jr., *Medicine* '54
University of Alabama Medical Center, 1919 7th Ave., South Birmingham, Ala. 35233

*Pittman, Susan A.W.
Assistant Resident in Medicine
M.G.H.

Pitts, John D., *Surgery* '56
110 Lockwood St., Providence, R.I. 02903

Pitts, W. Reid, Jr., *Surgery* '69
National Institutes of Health, Bethesda. Md. 20014

*Pizer, Stephen M.
Research Fellow, Medicine M.G.H.

Placak, Joseph C., Jr., *Surgery* '36
Rt. #1, Box 30A, Columbus, N.C. 28722

*Plank, Charles R.
Assistant Resident, Neurology, M.G.H.

*Plate, Janet M.
Research Fellow, Medicine M.G.H.

Platt, Melvin R., *Surgery* '70
3619 Latma, Houston, Texas 77025

*Plotkin, Leonard H., *Children's* '56
Assistant in Pediatrics
581 Williams St., Longmeadow, Mass. 01106

Pohl, John F., *Orthopedic* '34
78 South 9th St., Minneapolis, Minn. 55402

*Pohl, Marc A.
Resident in Medicine
M.G.H.

*Point, W. Warren
Associate Physician
M.I.T.

*Poitras, James W.
Assistant in Computer Science (Medicine) M.G.H.

*Polansky, Burton J.
Clinical Assistant, Medicine B.C.H.

*Polansky, Symon C.
Honorary Surgeon
60 Washington St., Salem, Mass. 01970

Poletti, Charles E., *Surgery* '67
Clinical & Research Fellow in Neurosurgery
M.G.H.

*Polinger-Cantor, Iris S.
Research Fellow in Neurosurgery
M.G.H.

*Pollack, James A.
Assistant Resident, Children's Service
M.G.H.

*Pollard, James J., *Radiology* '63
Clinical Assistant, Radiology M.G.H.

*Pollard, John T., Jr., *Radiology* '59
Clinical Assistant, Radiology M.G.H.

Pollard, Thomas D., *Medicine* '69
National Heart Institute, Bethesda, Md. 20014

*Pollen, Daniel A.
Associate Neurophysiologist, Neurosurgery M.G.H.

Pollock, Edward J., *Medicine* '67
Columbia-Presbyterian Medical Center, 622 W. 168th St., New York, N.Y. 10032

*Pontoppidan, Henning, *Anesthesia* '58
Anesthetist, M.G.H.

*Pool, John D.
Clinical Fellow in Medicine
M.G.H.

*Pope, Alfred
Neuropathologist (McL), McL

*Popkin, Michael K.
Assistant Resident in Psychiatry
M.G.H.

Porter, Huntington, *Neurology* '46
N.E.C.H.

*Porter, Philip J., *Children's* '58
Pediatrician
Cambridge City Hospital
Cambridge, Mass. 02139

Porvaznik, John T., Jr., *Surgery* '62
U.S. Public Health Service,
Fort Defiance, Ariz. 86504

*Poskanzer, David C., *Neurology* '59
Associate Neurologist M.G.H.

Poss, Robert I., *Orthopedic* '69
C.H.M.C.

Post, Robert M., *Psychiatry* '70
National Institutes of Health, Bethesda, Md. 20014

*Postel, Sholem
Assistant in Medicine
75 Mount Auburn St., Cambridge, Mass. 02138

*Potsaid, Majic S., *Radiology* '57
Clinical Associate, Radiology
Cardinal Cushing General Hospital, Brockton, Mass. 02401

*Potter, Lloyd G.
Clinical Associate in Medicine (McL), McL.

*Potter, Maxwell G.
Assistant Psychiatrist
1419 Beacon St., Brookline, Mass. 02146

*Potts, John T., *Medicine* '59
Assistant Physician
M.G.H.

*Poulin, Frederick K., *Dentistry* '42
Associate Visiting Oral Surgeon
196 Marlborough St., Boston, Mass. 02116

*Poussaint, Alvin F.
Associate Psychiatrist M.G.H.

*Powell, David A.
Clinical & Research Fellow, Medicine
M.G.H.

Powell, Sam M., Jr., *Children's* '47
Birmingham Medical Group
1500 6th Ave. South, Birmingham, Ala. 35205

*Powell, William J., Jr., *Medicine* '67
Assistant in Medicine M.G.H.

*Pozatek, Zigmunt W., *Oral Surgery* '69
Assistant Oral Surgeon M.G.H.

*Prakash, Atm, *Surgery* '71
All India Institute for Medical Sciences
New Delhi 16, India

Prather, George C., *Surgery* '25
1180 Beacon St., Brookline, Mass. 02146

Pratt, Theodore C., *Surgery* '29
110 Francis St., Boston, Mass. 02215

Prensky, Arthur L., *Neurology* '61
Washington University School of Medicine, St. Louis, Mo. 63110

*Prescott, Richmond, *Medicine* '63
Assistant Physician
Zero Emerson Place, Boston, Mass. 02114

*Prescott, William G.
Assistant Resident, Psychiatry, M.G.H.

Preston Edwin T., *Orthopedic* '67
University of North Carolina Medical School, Chapel Hill, N.C. 27514

Price, Donald L., *Neurology* '64
Biology Laboratory, Harvard University, Divinity St., Cambridge, Mass. 02138

*Price, Lloyd F.
Resident Psychiatrist (McL)
McL.

Price, Stuart E., Jr., *Surgery* '58, *Urology* '61
Medical Center East, Suite 570,
Pittsburgh, Pa. 15206

*Prien, Edwin L., Jr.
Clinical & Research Fellow, Medicine, M.G.H.

Prieto, Alberto, Jr., *Neurosurgery* '67
Department of Neurosurgery, 2nd General Hospital, A.P.O. New York, N.Y. 09180

Probst, Jan-Henrik, *Children's* 57
Rigshospitalet, Copenhagen, Denmark

*Proffitt, Max R.
Research Fellow in Medicine
M.G.H.

*Proner, Barry D., *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

*Proppe, Karl H.
Assistant Resident in Pathology
M.G.H.

*Prout, George R., Jr.
Chief of Urological Service M.G.H.

Prus, Alphonse M., *Anesthesia* '61
Grace Hospital, Detroit, Mich. 48201

*Pugliese, Michael M.
Assistant Resident in Dermatology
M.G.H.

Purves, Dale, *Surgery* '65
H.M.S.

Putnam, Henry M., *Medicine* '37
1025 High St., Dedham, Mass. 02026

Putnam, James J., *Children's* '20
30 School St., Foxboro, Mass. 02035

Putnam, Tracy J., *Surgery* '23
450 N. Bedord Dr., Beverly Hills, Calif. 90210

*Putschar, Walter G.J.
Consultant in Pathology M.G.H.

Quan, Stuart H.Q., *Pathology* '47
44 East 67th St., New York, N.Y. 10021

Quarton, Gardner C., *Neurology* '47, *Psychiatry* '49, *Psychiatry* (McL) '50
Neurosciences Research Foundation, 280 Newton St., Bookline, Mass. 02146

*Quest, Donald O.
Intern in Surgery
M.G.H.

*Quinby, John T., *Medicine* '41
Assistant Physician M.G.H.

*Quinby, William C., Jr., *Surgery* '50
Associate Visiting Surgeon
M.G.H.

*Quindlen, Eugene A.
Intern in Surgery
M.G.H.

Quinn, Thomas J., Jr., *Anesthesia* '50
2217 Webster St., San Francisco, Calif. 94115

*Raaf, John H.
Intern in Surgery
M.G.H.

*Rabadjija, Mirjana
Research Fellow in Orthopedic Surgery
M.G.H.

*Rabe, Edward F.
Clinical Associate
20 Ash St., Boston, Mass. 02111

Rabinowitz, Murray, *Medicine* '55
University of Chicago, School of Medicine, Chicago, Ill. 60637

*Rabkin, Mitchell T., *Medicine* '62
Assistant in Medicine,
B.I.H.

*Rackemann, Francis M., *Medicine* '14
Honorary Physician
263 Beacon St., Boston, Mass. 02116

Radcliffe, Ernest J., *Orthopedic* '25
833 Riviera St., Venice, Fla. 33595

Radebaugh, John F., Jr., *Children's* '55
University of Rochester Medical Center, Rochester, N.Y. 14620

*Radin, Eric L., *Orthopedic* '64
Research Fellow, Orthopedic Surgery, M.G.H.

*Rae, Donald B.
Associate Visiting Oral Surgeon
150 Emory St., Attleboro, Mass. 02703

Raff, Martin C., *Neurology* '68
Division of Experimental Biology, Medical Research Council, National Institute for Medical Research, Mill Hill, N.W. 7., England

*Raggatt, Peter R.
Research Fellow, Biochemistry (Medicine) M.G.H.

*Raghavan, Srinivasa S.
Research Fellow in Neurology
M.G.H.

Ragland, Stuart, Jr., *Medicine* '52
Smith Hill Rd., Colebrook, Conn. 06021

*Ragsdale, Bruce D.
Resident in Pathology
M.G.H.

Raines, Richard B., *Urology* '67
592 South McLean Blvd., Memphis, Tenn. 38104

Ragaramalingam, Sundararajan, *Medicine* '70
Aultman Hospital
2600 Sixth St., N.W., Canton, Ohio 44710

*Raker, John W., *Surgery* '49
Visiting Surgeon M.G.H.

*Ramirez-Acosta, Javier A.
Assistant Resident, Anesthesia, M.G.H.

*Ramirez-Lassepas, Manuel, *Neurology* '69
Resident, Neurology
M.G.H.

Randall, Raymond V., *Medicine* '46
Mayo Clinic, Rochester, Minn. 55901

Randall, Russell E., Jr., *Medicine* '56
Medical College of Virginia, P.O. Box 102, Richmond, Va. 23219

*Randerath, Erika E.
Assistant Biochemist, Medicine, M.G.H.

*Randerath, Kurt
Assistant Biochemist, Medicine, M.G.H.

Randolph, Judson G., *Surgery* '58
Children's Hospital, Washington, D.C. 20009

*Rao, T.D.
Clinical & Research Fellow, Psychiatry
M.G.H.

Raphling, David L., *Psychiatry* '69
522 Connecticut Ave., N.W., Washington, D.C. 20015

*Rapin, Annette M.C.
Assistant Biochemist, Biochemical Research M.G.H.

Rappleye, Willard C., *Medicine* '19
277 Park Ave., New York, N.Y. 10017

Rasmussen, Howard, *Medicine* '55
4310 Osage Ave., Philadelphia, Pa. 19104

Rasmussen, Jane S., *Children's* 55
525 Manor Rd., Wynnewood, Pa. 19096

Ratcliffe, John W., *Surgery* '46
101 South San Mateo Drive, San Mateo, Calif. 94401

*Raulais, Daniel J.P.
Research Fellow in Medicine
M.G.H.

*Rawdon, William K.
Clinical & Research in Psychiatry
M.G.H.

*Ray, Barbara A.
Associate Psychologist (Neurology)
M.G.H.

Ray, Leon F., *Dermatology* '39
Medical Dental Bldg., Portland, Ore. 97205

*Re, Richard N.
Intern in Medicine M.G.H.

*Ream, John R., Jr.
Resident, Orthopedic Surgery
M.G.H.

Rebello, Desire J.A., *Dermatology* '54
166 D Naoroji Rd., Bombay, 50, India

*Record, Eugene E., *Neurosurgery* '37, *Orthopedic* '41
Visiting Orthopedic Surgeon, M.G.H.

*Rectanus, Daniel R.
Clinical Associate in Pediatrics
743 High St., Dedham, Mass. 02026

*Redd, William H.
Assistant in Psychology
(Neurology) M.G.H.

Reed, Carson R., Jr., *Orthopedic* '36
2520 Line Ave., Shreveport, La. 71104

Reed, John M., *Surgery* '62
238 Coleman Drive, San Rafael, Calif. 94901

Reeves, Robert J., *Radiology* '26
Duke University Medical Center, Durham, N.C. 27706

Register, John F., *Orthopedic* '36
1008 Professional Village, Greensboro, N.C. 27401

*Reid, Duncan E.
Board of Consultation, Gynecology, B.L.I.

Reid, Elizabeth Aub, *Medicine* '52
30 Arlington St., Cambridge, Mass. 02140

*Reidy, John A., *Orthopedic* '39
Associate Orthopedic Surgeon
3 Seaward Rd., Wellesley Hills, Mass. 02181

*Reinhardt, Scott A.
Assistant Psychologist (McL)
McL.

*Reinhold, Vernon N.
Research Fellow, Biochemistry
(Medicine), M.I.T.

*Reiser, Stanley J.
Clinical Fellow, Medicine M.G.H.

*Remensnyder, John P., Jr., *Surgery* '64
Assistant Surgeon; Clinical Consultant, Blood Bank, M.G.H.

*Rendall, Edward S.
Clinical Associate
15 Dix St., Winchester, Mass. 01890

Renner, John A.
Assistant in Psychiatry
M.G.H.

Renshaw, Charles L., *Orthopedic* '65
4209 Sarita St., Fort Worth, Texas 76109

Replogle, Robert L., *Surgery* '65
University of Chicago Medical School, Chicago, Ill. 60637

*Rever, George W.
Assistant Psychiatrist; Assistant Pediatrician M.G.H.

Revercomb, Paul H., *Medicine* '33
311 Atlas Building, Charleston, W. Va. 25301

Reyersbach, Gertrud C., *Children's* '45
330 Dartmouth St., Boston, Mass. 02116

Reynolds, George S., *Surgery* '24
Oblong Rd., Williamstown, Mass. 01267

Rhine, Mark, *Psychiatry* '68, *Psychiatry* (McL) '66
Univ. of Colorado Medical Center, Department of Psychiatry, 4200 E. 9th Ave., Denver, Colo. 80220

Rhinelander, Frederic W., *Surgery* '37, *Orthopedic* '38
Cleveland Metropolitan General Hospital, Cleveland, Ohio 44109

Rhodes, John S., *Urology* '35
Box 204C, Route 6, Raleigh, N.C. 27609

Ribas-Mundo, Manuel, *Medicine* '70
Faculty of Medicine
Hospital Clinico
Escuela de Hematologia
Barcelona, Spain

Riccardi, Vincent M., *Pediatrics* '70
P.O. Box 278, Harvard, Mass. 01451

*Ricci, Roberta
Research Fellow in Pathology
M.G.H.

*Rice, Jack O., *Psychiatry* (McL) '59
Assistant Psychiatrist
1 Emerson Pl., Boston, Mass. 02114

*Rice, Marian J.
Clinical Fellow, Anesthesia, M.G.H.

*Rich, James G., *Orthopedic* '64
952 Franklin St., Melrose, Mass. 02176

Richards, Dexter N., Jr., *Surgery* '48
3000 Colby St., Berkeley, Calif. 94705

Richards, Robert S., *Radiology* '58
Salem Hospital, Salem, Mass. 01970

*Richardson, Edward P., *Medicine* '43, *Psychiatry* '47
Neurologist; Neuropathologist, M.G.H.

*Richardson, George S., *Surgery* '54
Associate Visiting Surgeon M.G.H.

Richardson, William R., *Surgery* '50
250 William Howard Taft Rd.,
Cincinnati, Ohio 45219

*Richie, Robert H., Jr., *Children's* '57
Clinical Associate in Pediatrics
15 Story Street, Cambridge,
Mass. 02138

Richmond, M. Barrie, *Psychiatry* (McL) '66
University of Chicago, 950 East 59th St.,
Chicago, Ill. 60637

*Richter, Howard A., *Neurosurgery* '69
Assistant Resident, Neurosurgery,
M.G.H.

*Ricks, William B.
Assistant Resident, Medicine
M.G.H.

Riddell, Richard V., *Surgery* '43, *Pathology* '47
902 Edmond St., St. Joseph, Mo. 64502

Riddle, David E., *Anesthesia* '69
3434 4th Ave., San Diego, Calif. 92103

Rider, Robert F., *Radiology* '70
Assistant Radiologist
M.G.H.

*Ridgway, E. Chester, *Medicine* '69
Clinical & Research Fellow in Medicine
M.G.H.

*Ridgway, Elizabeth W.
Resident in Pediatrics
M.G.H.

*Rieder, Sidney V.
Chief of Clinical Chemistry Laboratories,
M.G.H.

Riege, David H., *Children's* '47
81 S. Main St., West Hartford, Conn.
06107

*Riggs, Lamar W.
Assistant Resident in Anesthesia
M.G.H.

Righetti, Piergiorgio, *Surgery* '70
Via Francesco Hayez #19, Milano
20129, Italy

*Ring, Ernest J.
Assistant Resident in Radiology
M.G.H.

*Ring, Robert, III
Assistant Resident, Radiology, M.G.H.

*Riseborough, Edward J.
Assistant Orthopedic Surgeon
Zero Emerson Pl., Boston, Mass. 02114

Risley, Thomas S., *Surgery* '47
Beverly Hospital, Beverly, Mass. 01915

Ritchie, Alexander C., *Pathology* '54
Department of Pathology, University of
Toronto, Toronto, Canada

Rivers, P. Clayton, *Psychiatry* '70
N. Dakota State Univ.
Fargo, N. Dakota

Roach, Martin F., *Orthopedic* '70
Chelsea Naval Hospital
Chelsea, Mass.

Robbins, Anthony W., *Medicine* '70
McGill University
Montreal, Canada

Robbins, John B., *Children's* '61
University of Florida, College of Medicine, Gainesville, Fla. 32603

*Robbins, Laurence L., *Radiology* '41
Chief of Radiological Department, M.G.H.

*Robbins, Michael D.
Assistant Psychiatrist (McL)
McL.

Robboy, Stanley J., *Pathology* '70
Ireland Army Hospital
Fort Knox, Ky. 40121

Roberts, Charles D., *Medicine* '38
605 Palisade Ave., Englewood Cliffs, N.J. 07632

Roberts, James T.
Assistant Resident, Anesthesia, M.G.H.

Robertson, Charles W., *Pathology* '42, *Surgery* '47
203 Commonwealth Ave., Boston, Mass. 02116

*Robey, John S., *Children's* '56
Associate Pediatrician M.G.H.

Robillard, F. Robert, *Pathology* '56
191 Britanny St., Montreal, Canada

Robillard, Raymond L., *Neurology* '57
Edifice Banque Canadienne Nationale, 500 Place D'Armes, Suite 1610, Montreal (126) Quebec, Canada

Robins, Eli, *Psychiatry* '45
Washington University School of Medicine, St. Louis, Mo. 63110

*Robinson, Dwight R., *Surgery* '59, *Medicine* '61
Assistant Physician M.G.H.

Robinson, Esther H., *Children's* '65
Assistant Pediatrician M.G.H.

*Robinson, John C., *Children's* '67
Assistant Pediatrician M.G.H.

*Robinson, Phelps M., *Psychiatry* (McL) '60
Assistant Psychiatrist (McL) McL.

Robinson, William A., *Medicine* '64
4200 E. Ninth Ave., Denver, Colo. 80220

*Roblin, Richard O., III
Assistant in Bacteriology (Med.)
M.G.H.

*Rock, John, *Surgery* '19
Honorary Surgeon
1575 Tremont St., Boston, Mass. 02120

Rockey, Eugene W., *Surgery* '14
Box 101, Arch Cape, Ore. 97102

Rodgers, Richard S., *Urology* '47
822 Marquette Ave., Minneapolis, Minn. 55402

*Rodkey, Grant V., *Orthopedic* '45, *Surgery* '50
Associate Visiting Surgeon
Zero Emerson Pl., Boston, Mass. 02114

Rodman, Charles A., II, *Surgery* '62, *Anesthesia* '63
H.O.P. 614, Aloha Rd., Salt Lake City, Utah 84102

Roe, Benson B., *Surgery* '50
University of California Medical Center, Dept. of Surgery, San Francisco, Calif. 94122

Rogentine, George N., Jr., *Medicine* '64
National Institute of Health, Bethesda, Md. 20014

Rogers, Daniel M., *Children's* '38
123 Main St., Wenham, Mass. 01984

*Rogers, Horatio, *Surgery* '25
Honorary Surgeon
580 Osgood St., North Andover, Mass. 01854

*Rogers, Mark C.
Intern, Children's Service M.G.H.

Rogers, Orville F., *Medicine* '16
140 Ogden St., New Haven, Conn. 06511

*Rogers, William A., *Orthopedic* '24
Honorary Surgeon
1075 Waverly Place, Schenectady, N.Y. 12308

*Rogers, William P., Jr.
Assistant Surgeon M.G.H.

*Rolde, Alexandra, *Psychiatry* (McL) '64
Assistant Attending Psychiatrist (McL)
27 Fields Pond Rd., Weston, Mass. 02193

Rolett, Ellis L., *Medicine* '60
University of North Carolina School of Medicine, Chapel Hill, N.C. 27515

*Roman, D. Garry
Assistant Anesthetist M.G.H.

Ronat, Judith G., *Psychiatry* (McL) '63
9 Alcalay St., Rehovoth, Israel

Root, Richard K., *Medicine* '65
National Institutes of Health, Bethesda, Md. 20014

*Ropes, Marian W., *Medicine* '34
Board of Consultation, Physician
M.G.H.

Rosales, Remedias K., *Neuropathology* '52, *Pathology* '54
42 Fernald Dr., Cambridge, Mass. 02138

Rose, Augustus S., *Medicine* '34, *Psychiatry* (McL) '34
University of California Medical Center, Los Angeles, Calif. 90024

Rose, James A., *Medicine* '58
5804 Lenox Rd., Bethesda, Md. 20034

Rose, Patrick F., *Children's* '59
3403 Hall St., Dallas, Texas 75225

*Rose, Stanley M.
Assistant in Computer Science (Medicine) M.G.H.

Rosen, Neville, *Anesthesia* '70
Lawrence Gen. Hospital
Lawrence, Mass.

Rosen, Robert B., *Children's* '54
1500 E. Duarte Rd., Duarte, Calif. 91010

Rosen, Victor J., Jr., *Pathology* '59
Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles, Calif. 90048

Rosenbaum, Milton, *Psychiatry* (McL) '37, *Psychiatry* '39
Abraham Jacobi Hospital, Pelham Pkwy, South, East Chester Rd., Bronx, N.Y. 10461

*Rosenberg, Bruce M., *Children's* '66
Assistant in Pediatrics
302 Washington St., Gloucester, Mass. 01930

Rosenberg, Chaim, *Psychiatry* '70
51 Commonwealth Ave., Boston, Mass. 02167

*Rosenberg, Earle H., *Dentistry* '60
Visiting Oral Surgeon
110 Francis St., Boston, Mass. 02215

Rosenberg, Irwin H., *Medicine* '61
B.C.H.

Rosenberg, Robert D., *Medicine* '70
B.I.H.

*Rosenberger, Peter B.B.
Assistant Pediatrician
Assistant Neurologist M.G.H.

Rosenkrantz, Jens G., *Surgery* '61
Children's Hospital at Los Angeles
4650 Sunset Blvd., Los Angeles, Calif. 90054

Rosenman, Leonard D., *Surgery* '49
2320 Sutter St., San Francisco, Calif. 94115

Rosenthal, Albert L., *Dermatology* '56
1100 W. State St., Trenton, N.J. 08618

*Rosenthal, Leonard J.
Research Fellow, Medicine M.G.H.

*Rosenthal, Murray K., *Children's* '62
Assistant in Pediatrics
1 Salem St., Wakefield, Mass. 01880

*Roser, Steven M., *Oral Surgery* '69
Resident, Oral Surgery, M.G.H.

*Ross, Barry A.
Research Fellow in Surgery
M.G.H.

*Ross, Jeffrey S.
Intern in Pathology
M.G.H.

*Ross, Ralph A.
Pediatrician
51 Brattle St., Cambridge, Mass. 02138

*Roth, A. David
Clinical & Research Fellow, Neurosurgery
B.C.H.

Roth, James L. d'A., *Medicine* '45
University of Pennsylvania Medical Center, 51 W. 39th St., Philadelphia, Pa. 19104

*Roth, Loren H.
Clinical & Research Fellow, Acting Assistant Resident in Psychiatry
M.G.H.

*Roth, Sanford I., *Pathology* '58
Associate Pathologist M.G.H.

Rothberg, Harvey D., Jr., *Medicine* '59
253 Witherspoon St., Princeton, N.J. 08550

Rothfeld, Leonard J., *Anesthesia* '55
3301 Clayton Rd., Concord, Calif. 94521

*Rothmeier, Jeffrey J.
Research Fellow, Psychiatry M.G.H.

*Rothschild, Gerard H.
Research Fellow, Psychology, (Psychiatry) M.G.H.

*Rothschild, Henry
Clinical & Research Fellow in Medicine
M.G.H.

Rottenberg, David A., *Surgery* '70
National Institutes of Health, Bethesda, Md. 20014

Rounds, Charles E., *Dentistry* '47
97 Colombian St., South Weymouth, Mass. 02190

Rovit, Richard L., *Neurosurgery* '58
153 W. 11th St., New York, N.Y. 10011

*Rowbotham, John L.
Clinical Assistant, Surgery
110 Francis St., Boston, Mass. 02215

*Rowe, Carter R., *Orthopedic* '39
Visiting Orthopedic Surgeon M.G.H.

Rowe, John C., *Medicine* '57
2425 Geary Blvd., San Francisco, Calif. 94115

Rowland, Christopher Van A., Jr., *Psychiatry* '62, *Psychiatry* (McL) '63
P.B.B.H.

Rubinstein, Jack H., *Children's* '55
University affiliated Program for the Mentally Retarded, 295 Erkenbrecher Ave., Cincinnati, Ohio 45229

*Rubenstein, Joel J.
Clinical & Research Fellow, Medicine, M.G.H.

*Ruboy, Jordan S., *Children's* '60
Assistant Pediatrician,
Hillside Medical Park, W. Concord,
Mass. 01742

*Rudnick, Jeffrey P.,
Assistant Resident, Radiology, M.G.H.

Ruffin, Marshall deG., *Pathology* '40
2015 R St., N.W., Washington, D.C.
20009

Ruiz-Ortiz, Francisco A., *Surgery* '70
B.C.H.

Rukes, J. Max, *Medicine* '52
3905 Sacramento St., San Francisco,
Calif. 94118

Ruley, Henry B., *Neurosurgery* '39, *Surgery*
'42
Medical Arts Bldg., Oak Ridge, Tenn.
37832

Runyon, Robert C., *Orthopedic* '64
C.H.M.C.

Russell, Henry N., Jr., *Children's* '39
4351 Chamberlain Dr., Birmingham,
Mich. 48011

Russell, James D., *Medicine* '70
5025 Hillshaw Rd., Nashville, Tenn.

*Russell, Paul S., *Surgery* '56
Visiting Surgeon, M.G.H.

Russell, Shirley B., *Pediatrics* '70
5025 Hillshaw Rd., Nashville, Tenn.

Russfield, Agnes B., *Pathology* '51
35 Binney St., Boston, Mass. 02115

*Rushforth, David J.
Assistant Resident, Radiology
M.G.H.

Rutherford, Robert N., *Surgery* '38
707 Broadway, Seattle, Wash. 98122

Rutherford, Rondall W., *Children's* '33
21 Herrick Rd., Newton Centre, Mass.
02159

Rutledge, Robb H., *Surgery* '57
901 S. Lake St., Fort Worth, Texas
76104

Rutman, Joel, *Children's* '64
330 Independence S.W., Washington,
D.C. 20201

*Rutstein, David D.
Consultant in Preventive Medicine,
H.M.S.

Rutter, Thomas, *Surgery* '49
843 E. Main St., Medford, Ore. 97501

*Ruzumna, Lawrence, *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

*Ryan, James J., *Surgery* '69
Assistant Resident, Surgery M.G.H.

Ryan, James P., *Dentistry* '53
9 South Main St., Mechanicville, N.Y.
12118

*Ryan, John A., Jr.
Assistant Resident, Surgery
M.G.H.

*Ryan, John F.,
Associate Anesthetist, M.G.H.

Ryan, Kenneth J., *Medicine* '54
University Hospitals, Cleveland, Ohio
44106

Ryan, Kevin G., *Medicine* '60
X-Ray, Woodland Clinic Medical Group,
1207 Fairchild Court, Woodland, Calif.
95695

Rygorsky, Jerome E., *Medicine* '66
Duke University Medical Center,
Durham, N.C. 27706

Sabin, Hilbert S., *Urology* '41
4903 Rockwood Parkway, N.W.,
Washington, D.C. 20016

*Sachs, Benjamin
Clinical Associate
B.H.H.C.

Sachs, David H., *Surgery* '70
N.I.A.M.D.
National Institutes of Health, Bethesda, Md. 20014

*Sack, William H.
Assistant in Psychiatry
B.H.H.C.

*Saef, Edward C.
Clinical Associate in Pediatrics
Hillside Medical Park, Baker Ave., West Concord, Mass. 01781

Saffer, S. David, *Neurology* '70
23 Escombe Ave., Parktown W. Johannesburg, South Africa

Sahay, Bal M., *Psychiatry* '59
New End Hospital, London, N.W.3., England

Sahler, Otto DeP., *Radiology* '42
Mary Imogene Bassett Hospital, Cooperstown, N.Y. 13326

Saidi, Farrokh, *Surgery* '60
Saadi Hospital, Shiraz, Iran

*St. Aubin, Paul M.G., *Medicine* '48, *Radiology* '53
Radiologist, M.G.H.

*St. Goar, Walter T., *Medicine* '52
Associate Physician M.G.H.

*Sakamoto, Masako
Research Fellow, Orthopedic Surgery, H.S.D.M.

*Sakamoto, Seizaburo
Research Fellow, Orthopedic Surgery, H.S.D.M.

*Salam, Maria V.Z.
Clinical Fellow, Neurology M.G.H.

Salamanca, Juan J., *Anesthesia* '43
Calle 25A, No. 13A-35, Bogota, Colombia

Saldana, Mario J., *Pathology* '70
Hospital Univ. Penn., Philadelphia, Pa. 19104

*Salib, Philip I., *Orthopedic* '64
Clinical Assistant, Orthopedic Surgery
One Hawthorne Place, Boston, Mass. 02114

Salisbury, Kent W., *Medicine* '70
14102 Parkland Drive, Rockville, Md.

*Salomon, Lucy
Resident Psychiatrist (McL)
McL.

*Salvesen, Lawrence C.
Clinical Assistant, Psychiatry, M.G.H.

*Salzman, Edwin W., *Surgery* '61
Clinical Associate, Surgery
B.I.H.

Samiy, Hussein E., *Medicine* '61
Ebtehaj, Resht, Iran

Sampson, D. Allen, *Radiology* '37
Suburban Square Bldg., Ardmore, Pa. 19003

Sampson, John J., *Medicine* '23
2233 Post St., San Francisco, Calif. 94115

*Sampson, Patsy H.
Assistant Social Psychologist (McL), McL.

Sams, Bruce J., Jr., *Medicine* '58
2425 Geary Blvd., San Francisco, Calif. 94115

Sanborn, Frederick, *Neurosurgery* '39
Barnstable County Hospital, Pocasset, Mass. 02559

*Sanchez, Guillermo C., *Medicine* '51
Associate Physician
330 Dartmouth St., Boston, Mass. 02116

*Sanders, Charles A.
Associate Physician M.G.H.

Sanders, Jay H., *Medicine* '69
6700 S.W. 132nd St., Miami, Fla. 33156

Sanders, R. Wyman, *Children's* 61
634 Enchanted Way, Pacific Palisades, Calif. 90272

Sandifer, Myron G., Jr., *Medicine* '49
University of Kentucky Medical Center, Lexington, Ky. 40506

*Sandler, Allan I., *Medicine* '58
Associate Physician M.G.H.

*Sanford, Barbara H.
Assistant Biologist, Pathology, M.G.H.

Santoro, Benjamin T., *Surgery* '62
1 Dover Rd., Dover, Mass. 02023

Sarahara, Arthur A., *Medicine* '57
V.A.H. (W.R.)

Saravia, Rafael, *Orthopedic* '67
Calle 75A, #19-50, Bogota, Columbia

Sargent, Francis B., *Surgery* '20
124 Waterman St., Providence, R.I. 02906

Sarnoff, Stanley J., *Surgery* '47
President, Rodana Research Corp., 7801 Woodmont Ave., Bethesda, Md. 20014

*Sarris, Spiros P., *Surgery* '40
Clinical Associate, Surgery
56 Broad St., Lynn, Mass. 01902

*Sartori, Renato V.
Clinical & Research Fellow, Neurology M.G.H.

Saslow, George, *Psychiatry* '43
University of Oregon Medical School, Portland, Ore. 97201

Satin, David G., *Psychiatry* '60, *Psychiatry* (McL) '61
Boston University School of Medicine
700 Harrison Ave., Boston, Mass. 02118

*Sato, Koki
Research Fellow, Pediatrics M.G.H.

*Saunders, Andrew P.
Intern in Surgery, M.G.H.

Saunders, George M., *Surgery* '28
1200 S. Ocean Blvd., Boca Raton, Fla. 33432

Saunders, Gordon A., *Medicine* '37
94 Pleasant St., Arlington, Mass. 02174

Sawyer, Carl S., *Dermatology* '43
184 Waterman St., Providence, R.I. 02906

Scaliter, Dora F., *Psychiatry* '67, (McL) '66
11 Destiembre 927 20A, Buenos Aires, Argentina

Scanlon, John W., *Children's* '68
Bainbridge Rd., Malden, Mass. 02148

*Scannell, J. Gordon, *Surgery* '46
Visiting Surgeon M.G.H.

*Sceery, Robert T., *Children's* '53
Associate Pediatrician
89 Ripley Rd., Cohasset, Mass. 02025

Schaaf, Royal S., *Medicine* '48
Prudential Insurance Company of America, Prudential Plaza, Newark, N.J. 07102

*Schantz, Arthur S., *Pathology* '69
Assistant Resident, Pathology, M.G.H.

*Schapiro, Robert H., *Medicine* '63
Associate Physician
Zero Emerson Pl., Boston, Mass. 02114

*Schatzki, Richard
Consulting Visiting Radiologist
1180 Beacon St., Brookline, Mass. 02146

*Schatzki, Stefan C., *Radiology* '60
1180 Beacon St., Brookline, Mass. 02146

Schauble, James F., *Anesthesia* '67
University Hospital of San Diego County, 223 W. Dickinsen St., San Diego, Calif. 92103

*Schaumburg, Herbert H.
Research Fellow, Neuropathology
M.G.H.

Schenk, Worthington G., Jr., *Surgery* '46
164 Doncaster Rd., Kenmore, N.Y. 14217

*Scheuplein, Robert
Associate Physical Chemist, Dermatology
M.G.H.

Schiebler, Gerald L., *Children's* '55, *Medicine* '56
University of Florida College of Medicine, Gainesville, Fla. 32601

*Schiller, Alan L., *Pathology* '69
Assistant Resident, Pathology M.G.H.

Schimke, Robert T., *Medicine* '60
838 Esplanada Way, Stanford, Calif. 94305

*Schmidek, Henry H.H., *Neurosurgery* '69
Assistant Resident, Neurosurgery
M.G.H.

Schmidt, Robert A., *Anesthesia* '60
1205 Fairhaven Blvd., Elm Grove, Wis. 53122

*Schmidt-Nowara, Wolfgang W.
Clinical & Research Fellow, Medicine
M.G.H.

Schmitt, E. William, Jr., *Orthopedic* '66
2100 Howell Branch Rd., Maitland, Fla. 32751

Schnabel, Truman G., Jr., *Medicine* '47
Philadelphia General Hospital, Philadelphia, Pa. 19104

Schneider, Benjamin, *Radiology* '47
19 Farfield Place, Cincinnati, Ohio 45202

Schneider, Chester C., *Surgery* '19
6370 N. Lake Drive, Milwaukee, Wis. 53217

Schneiderman, R. Neal, *Dermatology* '58
712 N. Washington St., Dallas, Texas 75246

*Schnitzer, Robert D.
Associate Psychologist (McL)
McL.

Schnur, James A., *Neurology* '68
Assistant Resident in Neurology, M.G.H.

Schoen, Edgar J., *Children's* '54
Kaiser Foundation Hospital, Oakland, Calif. 94611

Schofield, Peter, *Medicine* '70
University of Vermont, Medical School, Burlington, Vermont

Scholl, Albert J., *Surgery* '17
1536 Club View Drive, Los Angeles, Calif. 90024

*Scholl, Mary Louise
Associate Pediatrician
M.G.H.

Schottstaedt, Edwin S., *Orthopedic* '70
3109 Village Road, W. Norwood, Mass. 02062

Schuler, James D., *Children's* '39
1010 14th Ave., N.W., Ardmore, Okla. 73401

Schulman, Charles L., *Medicine* '70
116 University Road, Brookline, Mass. 02146

Schulman, Joseph D., *Children's* '68
N.Y. Hospital-Cornell Medical Center, 525 E. 68th St., New York, N.Y. 10021

*Schulz, Milford D.
Radiologist M.G.H.

Schuntermann, Peter P.E., *Children's* '62
Yale University, Child Study Center, New Haven, Conn. 06520

Schupack, Melvyn B., *Psychiatry* (McL) '63
737 Bay Rd., Mill Valley, Calif. 94941

Schuster, Samuel R., *Surgery* '52
C.M.H.C.

Schultz, James S., *Surgery* '70
101 West 55th Street New York, N.Y. 10019

*Schwab, Robert S., *Neurology* '35
Board of Consultation, Neurology
M.G.H.

Schwartz, Gabriel H., *Medicine* '66
New York Hospital, 523 E. 68th St., New York, N.Y. 10021

*Schwartz, Joseph E.
Assistant in Psychiatry
M.G.H.

*Schwartzreich, Edward S.
Resident Psychiatrist (McL)
McL.

Scolnick, Edward M., *Medicine* '67
National Institutes of Health, Bethesda, Md. 20014

Scott, H. Denman, *Medicine* '68
Resident in Medicine
M.G.H.

*Scott, Jesse F.
Associate Biophysicist, Medicine
M.G.H.

Scott, Murray W., Jr., *Surgery* '45
Cleve-Tusc Bldg., Canton, Ohio 44702

Scott, Richard D., *Surgery* '69
10427 Montrose Ave., Bethesda, Md. 20014

*Scott, R. Michael
Assistant Resident, Neurosurgery
M.G.H.

Scott, Thornton, *Medicine* '39
1517 Nicholasville Rd., Lexington, Ky. 40503

Scott, William R., *Neurology* '67
U.S.A.F. Base Tachikana, A.P.O. San Francisco, Calif. 96323

*Scully, Hugh E.
Research Fellow in Surgery
M.G.H.

*Scully, Robert E.
Pathologist
M.G.H.

*Seals, John R.
Clinical & Research Fellow in Neurology
M.G.H.

*Seaman, William E.
Resident in Medicine
M.G.H.

Sears, John B., *Surgery* '29
416 Marlborough St., Boston, Mass. 02115

Seed, John C., *Medicine* '46
4o Graham Rd., Scarsdale, N.Y. 10585

Seeley, Clinton B., *Radiology* '60
358N. Main St., Andover, Mass. 01811

Seigle, Stewart P., *Medicine* '46
85 Jefferson St., Hartford, Conn. 06103

*Seldin, Edward B., *Oral Surgery* '69
Assistant Resident, Oral Surgery
M.G.H.

*Selinger, Samuel L.
Assistant Resident in Surgery
M.G.H.

Sell, Stewart, *Pathology* '62
University of Pittsburgh School of Medicine, Pittsburgh, Pa. 15213

*Sellers, Edward M.
Resident in Medicine
M.G.H.

Seltzer, Ronald A., *Radiology* '66
Sequoia Hospital, Redwood City, Calif. 94062

Selverstone, Bertram, *Neurosurgery* '47
171 Harrison Ave., Boston, Mass. 02111

*Semon, Ralph G.
Associate Psychologist (McL)
McL.

Semrad, Elvin V., *Psychiatry* (McL) '38
M.M.H.C.

Senghas, Richard E., *Orthopedic* '61
40 Evergreen St., Framingham, Mass. 01701

*Senior, Boris, *Children's* '51
Clinical Associate
20 Ash St., Boston, Mass. 02111

*Sens, Richard, *Psychiatry* (McL) '64
Assistant Psychiatrist (McL)
McL.

*Settle, Wayne L.
Research Fellow in Anesthesia, M.G.H.

*Severson, Larry J.
Assistant Resident, Radiology
M.G.H.

*Sewall, Warren
Assistant Resident in Radiology
M.G.H.

*Sewell, Jack B.
Assistant Resident in Radiology
M.G.H.

*Seyer, Jerome M.
Assistant Biochemist, Orthopedic Surgery
M.G.H.

*Shaban, Mohammed A.
Research Fellow in Biochemistry (Medicine)
M.G.H.

Shaffer, Frederick G., *Urology* '55, *Surgery* '56
1343 Locust Ave., Fairmont, W. Va. 26554

Shaffer, Hubert A., *Radiology* '32
Monongalia General Hospital, Morgantown, W. Va. 26504

*Shahani, Bhagwan T.
Assistant Neurophysiologist
M.G.H.

Shanahan, Elizabeth A., *Surgery* '70
Royal Children's Hospital
Parkville, Victoria 3055, Australia

*Shangraw, Keith A.
Board of Consultation
96 Bay State Rd., Boston, Mass. 02115

*Shannon, Daniel C., *Children's* '65
Associate Pediatrician
M.G.H.

Shannon, Edward W., *Neurosurgery* '44
930 Hanna Bldg., Cleveland, Ohio 44115

Shannon, James G., *Orthopedic* '31
1414 Drummond Medical Bldg., Montreal, Canada

*Shannon, James M., *Surgery* '54
Clinical Associate in Surgery
79 Highland Ave., Salem, Mass. 01970

*Shannon, W. Allen, Jr.
Assistant in Biology (Path.)
M.G.H.

*Shapiro, Samuel
Clinical Assistant, Psychiatry (McL)
L.S.H.

*Sharp, Geoffrey W.G.
Assistant Pharmacologist, Medicine
M.G.H.

Sharpe, J. Douglass, *Psychiatry* (McL) '51
Brattleboro Retreat, Brattleboro, Vt. 05301

*Sharpe, William, Jr.,
Assistant in Psychiatry
51 Brattle St., Cambridge, Mass. 02138

*Shattuck, George C., *Medicine* '06
Consultant in Tropical Diseases, Medicine
H.S.P.H.

*Shaw, Daniel, *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
M.G.H.

Shaw, Edward B., *Children's* '24
University of California School of Medicine, San Francisco, Calif. 94122

Shaw, John L., *Surgery* '35, *Urology* '37
899 Madison Ave., Memphis, Tenn. 38103

Shaw, Joseph L., *Orthopedic* '66
2475 Pacific Ave., San Francisco, Calif. 95126

*Shaw, Katherine A.
Clinical & Research Fellow in Anesthesia
M.G.H.

Shaw, Robert S., *Surgery* '52

Shea, Cornelius J., *Surgery* '43
2100 Dorchester Ave., Boston, Mass. 02124

*Shea, Thomas E., *Radiology* '67
Clinical Assistant in Radiology
M.G.H.

Sheagren, John N., *Medicine* '64
13313 Glen Mill Rd., Rockville, Md. 20850

Shealy, C. Norman, *Neurosurgery* '62
Gundersen Clinic, La Crosse, Wis. 54601

Shean, Fredric C., *Medicine* 70
5341 Linda Way, LaJolla, Calif.

Shedden, William M., *Urology* '21, *Surgery* '22
290 John Anderson Drive, Ormond Beach, Fla. 32074

*Shein, Harvey M., *Psychiatry* (McL) '65
Associate Psychiatrist (McL); Assistant Neuropathologist (McL)
McL.

*Sheinis, Arnold
Assistant Attending Psychiatrist (McL)
McL.

Sheldon, Charles P., *Surgery* '31
319 Longwood Ave., Boston, Mass. 02115

Sheldon, David B., *Surgery* '55
459 W. Line St., Bishop, Calif. 93514

*Shelton, William R.
Assistant in Psychiatry
575 Mt. Auburn St., Cambridge, Mass. 02138

*Sherman, Gwendolyn M.
Assistant Biochemist (McL)
McL.

*Shershow, John C.
Clinical Assistant in Psychiatry
M.G.H.

Shields, Lawrence T., *Orthopedic* '68
C.H.M.C.

*Shih, Vivian
Assistant in Neurology
M.G.H.

Shine, Kenneth I., *Medicine* '66
c/o Dr. Glen Langer, Dept. of Physiology, U.C.L.A., Los Angeles, Calif. 90024

Ship, Irwin I., *Dentistry* '57
Philadelphia General Hospital, Philadelphia, Pa. 19104

Shipley, Margaret S., *Medicine* '43
1109 Sunset Blvd., North Canton, Ohio 44720

*Shipley, William U.
Assistant Resident in Surgery
M.G.H.

*Shirazi, Mahouchehr S.
Clinical Fellow in Orthopedic Surgery
M.G.H.

Shirley, J. Newton, *Surgery* '18
Chestnut St., South Duxbury, Mass. 02374

*Shore, Neil S.
Clinical & Research Fellow, Medicine
M.G.H.

Shorey, William D., *Surgery* '50
1442 North Astor St., Chicago, Ill. 60610

*Short, Charles L., *Medicine* '33
Board of Consultation, Medicine
264 Beacon St., Boston, Mass. 02116

*Showalter, Henry B., Jr.
Assistant in Radiology
M.G.H.

Shugar, Joseph L., *Orthopedic* '50
Jewish General Hospital, Montreal, Quebec, Canada

*Shulman, Leonard B., *Dental Medicine* '62
Associate Visiting Oral Surgeon
976 Main St., Waltham, Mass. 02154

*Shumaker, Jay B.
Clinical & Research Fellow in Medicine
M.G.H.

Shurman, Joseph, *Anesthesia* '70
USPHS Hospital
Seattle, Washington

Shurtleff, David B., *Children's* '57
University of Washington School of Medicine, Seattle, Wash. 98105

Shuter, Eli R., *Neurology* '62
6240 McPherson, St. Louis, Mo. 63130

*Sidman, Murray
Psychologist, Neurology
M.G.H.

Sidorowicz, Antonina J., *Psychiatry* '70
Brockton V.A. Hospital, Brockton, Mass.

*Siegel, Philip
Clinical & Research Fellow in Neurosurgery
M.G.H.

*Siegert, Herbert C.
Clinical Assistant, Psychiatry
M.G.H.

*Sifneos, Peter E., *Psychiatry* (McL) '50
Psychiatry '52
Psychiatrist
B.I.H.

Silverman, A. Clement, *Children's* '17
404 University Ave., Syracuse, N.Y 13210

*Silverman, Samuel
Associate Psychiatrist
32 Loring St., Newton Centre, Mass. 02159

Silverstein, Samuel C.
Dept. of Immunology, Rockefeller University, York Ave. & 66th Street, New York, N.Y.

*Simeone, Fiorindo A., *Surgery* '40
Board of Consultation, Surgery
The Miriam Hospital, 164 Summit Ave., Providence, R.I. 02906

*Simmel, Marianne L.
Assistant Psychologist, Neurosurgery
Brandeis University, Waltham, Mass. 02154

*Simmons, Alvin
Assistant Psychologist, Psychiatry
B.H.H.C.

*Simmons, Barry P.
Assistant Resident in Orthopedic Surgery
M.G.H.

*Simmons, David P.
Assistant Resident in Orthopedic Surgery
M.G.H.

*Simon, Franklin S., *Psychiatry* (McL) '69
Clinical Fellow, Psychiatry (McL)
McL.

Simon, Harold, *Radiology* '61
111 Hammondswood Rd., Chestnut Hill, Mass. 02167

Simon Harvey B., *Medicine* '69
National Institutes of Health, Bethesda, Md. 20014

Simon, Royal L., *Orthopedic* '32
2766 North East 15th St.,
Fort Lauderdale, Fla. 33304

Simon, Sheldon, *Orthopedic* '70
C.H.M.C.

Simone, Andrew A., *Dermatology* '68
444 Delaware Ave., Toronto, 4, Ontario, Canada

*Simpson, Paul C., Jr.
Assistant Resident in Medicine
M.G.H.

Sinclair, Edmond B., *Children's* '40
176 Evergreen St., Providence, R.I. 02914

*Sinesi, Sabino J.
Clinical Associate, Dermatology
M.G.H.

*Singer, Frederick R.
Clinical & Research Fellow, Medicine
M.G.H.

Singer, Irwin, *Medicine* '69
Renal Electrolyte Section, Dept. of Medicine
860 Gates Pavilion, Hospital of the Univ. of Penn., 3400 Spruce Street, Philadelphia, Pa. 19104

*Singer, Kenneth M.
Assistant Resident, Orthopedic Surgery
M.G.H.

Singh, Madan M., *Medicine* '56
Institute of Medical Science, New Delhi, India

Singleton, John W., *Medicine* '62
University of Colorado Medical Center, Denver, Colo. 80220

Siperstein, Marvin D., *Medicine* '55
Southwestern Medical School at Dallas, Dallas, Texas 75235

*Sisson, John H.
Assistant Physician
One Hawthorne Pl., Boston, Mass. 02114

*Sisson, Warren R., *Children's* '12
Honorary Physician
20 Crafts Rd., Brookline, Mass. 02146

Skinner, Alfred L., Jr., *Children's* '53
3626 78th Ave., S.e., Mercer Island, Wash. 98040

Skinner, David B., *Surgery* '65
Department of Surgery, Johns Hopkins Hospital, Baltimore, Md. 21205

*Skinner, Donald G., *Surgery* '65, *Urology* '70
Chief Resident, Urology, M.G.H.

Skinner, James C., *Psychiatry* '48
B.U.H.

Skinner, Mary D., *Dermatology* '69
N.E.C.H.

*Skopinska, Ewa M.
Research Fellow in Surgery
M.G.H.

Slater, Barbara L., *Anesthesia* '68
40 Castle St., Blakehurst, Sydney, N.S.W., Australia

Slater, Eliot M., *Anesthesia* '60
Union Hospital, Lynn, Mass. 01904

*Sledge, Clement B., *Orthopedic* '62
Assistant Orthopedic Surgeon M.G.H.

*Sleeper, Edward L.
Clinical Associate, Oral Surgery
5 Emerson Pl., Boston, Mass. 02114

*Slesinski, Ronald S.
Research Fellow, Pediatrics M.G.H.

Sloane, Robert B., *Psychiatry* '53
Temple University School of Medicine, Philadelphia, Pa. 19104

Sloane, Robert E., *Surgery* '69
120 Center Drive, Bethesda, Md. 20014

*Sloane, Robert W., Jr., *Surgery* '69
Assistant Resident, Surgery M.G.H.

*Slone, Dennis
Clinical Assistant in Medicine (McL)
McL.

*Sloss, Laurence J.
Clinical & Research Fellow in Medicine
M.G.H.

*Smedley, Lois M.
Clinical Associate M.G.H.

Smillie, John W., *Surgery* '45
326 N. Ingalls St., Ann Arbor, Mich. 48104

Smith, Charles M., *Orthopedic* '68
C.H.M.C.

Smith, Curtis E., *Medicine* '19, *Surgery* '21
490 Post St., San Francisco, Calif. 94102

Smith, Edward T., *Orthopedic* '37
6410 Fannin St., Houston, Texas 77025

*Smith, Gene M.
Psychologist, Anesthesia; Psychologist, Psychiatry
M.G.H.

Smith, Howard W., *Dentistry* '46
100 York St., New Haven, Conn. 06511

*Smith, Judson A.
Honorary Surgeon
1180 Beacon St., Brookline, Mass. 02146

Smith, Lloyd H., Jr., *Medicine* '56
University of California Hospitals,
San Francisco, Calif. 94122

Smith, Marion L., *Anesthesia* '51
Mid-State Medical Center, Nashville, Tenn. 37203

Smith, N. Ty, *Anesthesia* '60
Stanford University Medical Center,
Stanford, Calif. 94305

Smith, Ralphael F., *Medicine* '65
Vanderbilt University School of
Medicine, Nashville, Tenn. 37203

Smith, R. Graham, *Medicine* '69
National Cancer Institute, Bethesda, Md. 20014

Smith, Richard H., *Psychiatry* '58
361 Massachusetts Ave., Arlington, Mass. 02174

Smith, Richard M., *Medicine* '09
401 Beacon St., Boston, Mass. 02115

Smith, Robert P., *Medicine* '43
Gaylord Hospital, Wellingford,
Conn.

*Smith, Robert S.
Research Fellow, Medicine M.G.H.

*Smith, Thomas W., *Medicine* '67
Assistant in Medicine M.G.H.

Smith, W. Pierce, *Medicine* '56
Henry Ford Hospital, Detroit, Mich. 48202

Smitherman, Thomas C., *Medicine* '69
National Cancer Institute, Bethesda, Md. 20014

*Smith-Petersen, Morten, *Orthopedic* '52
Assistant Orthopedic Surgeon
266 Beacon St., Boston, Mass. 02116

*Smithwick, Reginald H., *Surgery* '28
Honorary Surgeon
750 Harrison Ave., Boston, Mass. 02118

Sneddon, Ernest A., *Anesthesia* '54
Beverly Hospital, Beverly, Mass. 01915

*Snider, Marvin
Associate Psychologist (McL)
McL.

Snodgrass, Samuel R., *Medicine* '67
C.H.M.C.

Snyder, John C., *Medicine* '39
H.S.P.H.

Snyder, Monica H., *Anesthesia* '35
121 Whipple Rd., Kittery, Me. 03904

Snyder, William H., Jr., *Surgery* '35
121 Whipple Rd., Kittery, Me. 03904

Sober, Stanley, *Orthopedic* '53
452 Victoria St., London, Ontario, Canada

*Sohier, W. Davies, Jr., *Medicine* '51
Associate Physician
One Hawthorne Pl., Boston, Mass. 02114

Soholt, Stanley T., *Orthopedic* '51
2950 Whipple Ave., Redwood City, Calif. 94062

Solarzano, Oscar, *Orthopedic* '69
L.S.H.

*Solomon, Earl G.
Clinical Assistant, Psychiatry M.G.H.

*Solomon, Harry C.
Honorary Physician; Consulting Psychiatrist (McL)
15 Ashburton Pl., Boston, Mass. 02130

Solomon, James, *Neurology* '44
11600 Wilshire Blvd., Los Angeles, Calif. 90025

*Soloway, Albert H.
Associate Chemist, Neurosurgery M.G.H.

*Soper, Michael R., *Medicine* '70
Clinical & Research Fellow, M.G.H.

Sosa, Dagoberto, *Neurosurgery* '59
11 Calle 2-37, Zone 1, Guatemala City, Guatemala

Sosman, John L., *Radiology* '52
R.B.B.H.

Soter, Nicholas A., *Dermatology* '69
U.S. Army Medical Center, Runkyn Islands, A.P.O. San Francisco, Calif. 96331

Soule, A. Bradley, Jr., *Radiology* '32
Mary Fletcher Hospital, Burlington, Vt. 05401

Southmayd, William W., *Surgery* '70
Fort Dix, New Jersey

*Soutter, Lamar, *Surgery* '41
Board of Consultation, Surgery
Sudbury Road, Concord, Mass. 01742

*Sowles, Horace K., *Surgery* '18
Honorary Surgeon
413 Blackstrap Rd., Falmouth, Mass. 04105

Sox, Harold C., Jr., *Medicine* '68
Immunology Branch
National Cancer Institute, Bethesda, Md. 20014

Soyke, Lester F., *Children's* '63
Stanford University Medical Center, Stanford, Calif. 94305

Spalding, Robert, *Psychiatry* (McL) '60
1020 E. 3rd St., Chattanooga, Tenn. 37403

*Spangler, Arthur S., *Dermatology* '45
Assistant in Dermatology
3 Hawthorne Pl., Boston, Mass. 02114

Spangler, Paul E., *Surgery* '25
3107 Flora St., San Luis Obispo, Calif. 93401

Spann, James F., Jr., *Medicine* '63
University of California, Davis, Calif. 95616

Sparling, P. Frederick
University of North Carolina Medical School, Chapel Hill, N.C. 27514

*Speare, George S., *Surgery* '27
Honorary Surgeon
353 Commonwealth Ave., Boston, Mass. 02115

*Spector, Alan R.
Research Fellow, Orthopedic Surgery M.G.H.

*Spellman, John W., *Surgery* '26
Honorary Physician
110 Francis St., Boston, Mass. 02215

Spence, Harry M., *Surgery* '32, *Urology* '34
4105 Live Oak St., Dallas, Texas 75221

Spencer, J. Robert, *Medicine* '43
1829 High St., Denver, Colo. 80218

Spencer, Jack, *Radiology* '34
Union Hospital, Fall River, Mass. 02720

Spencer, Richard E., *Anesthesia* '51
Moses H. Cone Memorial Hospital, Greensboro, N.C. 27402

*Sperber, Michael A., *Psychiatry* (McL) '69
Assistant Psychiatrist (McL)
B.I.H.

Sperling, Arthur L., *Oral Surgery* '66
42a Roden St., Sheppard A.F.B., Texas 76311

Sphire, Raymond D., *Anesthesia* '55
Detroit Memorial Hospital
1420 St. Antoine, Detroit,
Mich. 48226

*Spillane, John B., *Psychiatry* (McL) '64
Clinical Assistant, Psychiatry; Assistant Attending Psychiatrist (McL)
330 Darmouth St., Boston, Mass. 02116

*Spinelli, Ralph W.
Assistant Podiatrist, Orthopedic Service
59 Temple Pl., Boston, Mass. 02114

Spinola, Massimiliano, *Medicine* '70
Casrelo di Tassarolo, 15060 Alessandria, Italy

Splithoff, Clarence A., *Orthopedic* '42
485 34th St., Oakland, Calif. 94609

Sporer, Edita Sternova, *Anesthesia* '42
459 Park Ave., Paterson, N.J. 07504

*Squire, Lucy F., *Radiology* '44
Visiting Radiologist
1 West 72nd St., New York, N.Y. 10023

*Squires, Homer J.
Assistant Podiatrist, Orthopedic Surgery
145 Tremont St., Boston, Mass. 02111

*Stachiewicz, Danuta M.
Assistant Psychiatrist
D.S.H.

*Stadecker, Miguel J.
Assistant Resident in Pathology, M.G.H.

Stall, Bernard G., III, *Medicine* '49
505 East Duval St., Lake City, Fla. 32055

*Stambler, Morris
Resident Psychiatrist (McL)
McL.

*Stanbury, John B., *Medicine* '48
Board of Consultation, Medicine
M.I.T.

*Stanton, Alfred H.
Psychiatrist; Psychiatrist in Chief (McL)
McL.

Staples, O. Sherwin, Jr., *Orthopedic* '38
Hitchcock Clinic, Hanover, N.H. 03755

Starke, Rodman D., *Medicine* '60
490 Post St., San Francisco, Calif. 94102

*Starobin, Oscar E., *Medicine* '56
Clinical Associate, Medicine
130 Lincoln Street
Worcester, Mass. 01605

Starr, Isaac, *Medicine* '22
University of Pennsylvania, School of Medicine, Philadelphia, Pa. 19104

Stason, William B., *Medicine* '62
Cardiac Unit, Cornell University,
New York, N.Y. 10021

States, John D., *Orthopedic* '55
15 Prince St., Rochester, N.Y. 14607

*Stathakos, Dimistri
Visiting Biochemist, Biochemical Research M.G.H.

Stauffer, Ruth E., *Neurology* '49
125 Trapelo Rd., Belmont, Mass. 02178

*Stavrolpoulos, Athena
Research Fellow, Orthopedic Surgery
M.G.H.

*Stead, Nancy W.
Assistant Resident in Medicine
M.G.H.

Stearns, Thornton, *Surgery* '13, *Orthopedic* '14
90-23 187th St., Hollis, N.Y. 11423

Steck, Theodore L.
University of Chicago Medical School
950 E. 59th Street, Chicago, Illinois 60637

Steckel, Richard J., *Radiology* '64
674 Via Santa Ynez, Pacific Palisades, Calif. 90272

Steel, David, *Radiology* '25
East Falmouth, Mass. 02536

Steele, Byron W., Jr., *Surgery* '52
514 Warren Professor Bldg.
6465 South Yale St., Tulsa Okla. 74135

Steele, James L., *Pathology* '64
Thomas Memorial Hospital,
South Charleston, W. Va. 25304

Steele, Robert E., Jr., *Surgery* '71
560 N.W. Tyler, Corvallis, Oregon 97330

Steenburg, Edmund K., *Surgery* '19
4200 Cathedral Ave., N.W., Washington, D.C. 20016

*Steingarten, Lois J.
Clinical & Research Fellow in Psychology
M.G.H.

Steinman, Ralph M., *Medicine* '70
Rockefeller Univ., New York, N.Y. 10021

*Stempien, J. Henry, *Dental Medicine* '61
Visiting Oral Surgeon
332 Washington St., Wellesley Hills, Mass. 02181

Stenger, Richard J., *Pathology* '58
Dept. of Pathology
5th Ave., at 106th St., New York, N.Y. 10029

Stephens, William A., *Orthopedic* '43
3720 Washington St., St. Louis, Mo. 63108

*Stephenson, Mary L.
Assistant Biochemist, Medicine M.G.H.

Stern, Neuton S., *Medicine* '17
910 Madison Ave., Memphis, Tenn. 38103

Stetson, John B., *Anesthesia* '53
280 Thornell Rd., Pittsford, N.Y. 14534

Stetson, Richard P., *Medicine* '28
V.A. Hospital (OOB), 150 So. Huntington Ave., Boston, Mass. 02130

Stevens, Harold W., *Children's* '14, *Medicine* '16
369 Ferry Rd., Saco, Maine 04072

*Stevens, Rose Marie
Assistant Resident in Medicine
M.G.H.

*Stewart, David R.
Assistant Resident, Surgery M.G.H.

Stewart, James M., *Medicine* '46
344 West Ave., Rochester, N.Y. 14611

Stewart, John D., *Surgery* '33
2335 North East 30th Court,
Lighthouse Point, Fla. 33064

Stewart, John E., *Orthopedic* '47
1120 Cherry St., Seattle, Wash. 98104

Stewart, Michael M., *Medicine* '69
c/o Rockefeller Foundation, G.P.O. 2453, Bangkok, Tahiland

Stewart, Steele F., *Orthopedic* '21
1133 Punchbowl, Honolulu, Hawaii 96813

*Stewart, Thomas D.
Assistant Resident, Psychiatry M.G.H.

Stewart, William C., *Medicine* '34
1205 Quarrier St., Charleston, W. Va. 25301

Stewart, William G., Jr., *Surgery* '61
The Bryn Mawr Hospital, Bryn Mawr, Pa. 19010

Stiefel, Daniel M., *Orthopedic* '23
1553 Woodward Ave., Detroit, Mich. 38226

Stiff, Donald W.S., *Radiology* '50
480 Monterey Ave., Los Gatos, Calif. 95030

Stiles, Claire M., *Anesthesia* '62
Rancho Los Amigos Hospital
7601 East Imperial Highway, Downey, Calif. 90242

Stiles, Quentin R., *Surgery* '62
3611 Century Blvd., Lynwood, Calif.

*Stillner, Verner
Clinical Fellow and Acting Assistant Resident in Psychiatry
M.G.H.

Stinchfield, Alan J., *Orthopedic* '49
16 E. Chestnut St., Augusta, Maine 04332

*Stiver, Irene Pierce
Chief Psychologist (McL)
McL.

Stocks, Joseph F., *Children's* '61
R.F.D. #1 Trundy Rd., Cape Elizabeth, Maine 04107

Stoddard, James K., *Medicine* '17
Foulkeway, Gwynedd, Pa. 19436

*Stoddard, Lawrence T.
Associate Psychologist, Neurology
M.G.H.

*Stoeckle, John D., *Medicine* '51
Physician M.G.H.

*Stoffyn, Anne Marie
Assistant Biochemist (McL)
McL.

*Stoffyn, Pierre J.
Associate Biochemist (McL)
McL.

Stokes, Joseph, Jr., *Medicine* '21
Henry Phipps Institute, University of Pennsylvania, Philadelphia, Pa. 19104

Stokes, Joseph, III, *Medicine* '54
University of California School of Medicine, La Jolla, Calif. 92038

Stolman, Joseph M., *Dentistry* '56
60 Gillett St., Hartford, Conn. 06105

*Stone, Alan A., *Psychiatry* (McL) '58
Associate Psychiatrist; Associate Attending Psychiatrist (McL)
Harvard University, Cambridge, Mass. 02138

*Stone, Bartlett H.
Clinical Associate in Obstetrics, Gynecology
110 Francis St., Boston, Mass. 02215

Stone, Bernard B., *Neurosurgery* '55
65 Elm St., Worcester, Mass. 01609

*Stone, Lawrence A., *Psychiatry* '65
Assistant Psychiatrist (McL)
McL.

*Stone, Robert S.
Assistant in Radiology
M.G.H.

Stossel, Thomas P., *Medicine* '69
National Heart Institute, Bethesda, Md. 20014

Stout, Hugh A., *Pathology* '39
1200 N. Walker St., Oklahoma City, Okla. 73103

Stout, Kenneth L., *Dermatology* '35
4418 Vineland Avenue
North Hollywood, Calif. 91602

Stovner, Jacob, *Anesthesia* '53
Fethlitzgt 1, Oslo, Norway

Straehley, Clifford J., Jr., *Surgery* '53
Kaiser Permante Medical Group, 1697 Ala Moana Blvd., Honolulu, Hawaii 96815

*Strasburger, Larry H., *Psychiatry* (McL) '64
Assistant Psychiatrist (McL)
McL.

Strauss, Arthur E., *Medicine* '16
6833 Waterman Ave., St. Louis, Mo 63130

Strauss, John S., *Psychiatry* (McL) '63
National Institute of Mental Health
Bethesda, Md. 20014

Strayer, Luther M., Jr., *Orthopedic* '39
144 Golden Hill St., Bridgeport, Conn. 06603

Strickler, William L., *Surgery* '57, *Urology* '63
John Cuming Medical Bldg., Concord, Mass. 01742

*Strieder, Denise J.
Assistant in Medicine M.G.H.

Strober, Samuel, *Medicine* '67
National Cancer Institute, Bethesda, Md. 20014

*Strole, William E., Jr., *Medicine* '63
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

Strom, John O., *Neuropathology* '55
150 Lloyd Ave., Providence, R.I. 02906

Struble, Robert A., *Children's* '68
St. Mary's Hospital
720 S. Brooks St., Madison, Wis. 53715

*Stulberg, S. David
Assistant Resident in Surgery
M.G.H.

Stunkard, Albert J., *Medicine* '46
Hospital of the University of Pennsylvania, Philadelphia, Pa. 19104

Sturdevant, Charles L., *Orthopedic* '39
24 Sunrise Trail, Nashua, N.H. 03060

*Sturgis, George P.
Assistant Physician
1101 Beacon St., Brookline, Mass. 02146

Sturgis, Somers H., *Surgery* '33
P.B.B.H.

*Suby, Howard I., *Surgery* '37, *Urology* '39
Visiting Urologist
262 Beacon St., Boston, Mass. 02116

*Suescum, Alfredo T., *Psychiatry* '67, *Psychiatry* (McL) '69
Resident Psychiatrist (McL)
McL.

*Sugarbaker, Everett V., *Surgery* '68
Resident in Surgery
M.G.H.

Sugiyama, Tetsuo, *Surgery* '44, *Urology* '46
26 Sheldon S.E., Suite 216,
Grand Rapids, Mich. 49502

Sullivan, Eugene R., *Pathology* '37, *Medicine* '41
139 Adams St., Milton, Mass. 02187

*Sullivan, Philip, *Psychiatry* '69
Assistant Resident, Psychiatry M.G.H.

Sullivan, Philip H., *Psychiatry* '70
Tulane Medical School
1430 Tulane Ave., New Orleans, Lo. 70112

Sullivan, William H., *Orthopedic* '65
85 Park St., Stoughton, Mass. 02072

Summerall, Charles P., III, *Medicine* '57
Medical College Hospital, 55 Doughty St., Charleston, S.C. 29403

*Sun, Edward R.
Assistant Resident, Radiology M.G.H.

*Sundaram, Pennathur
Clinical Fellow, Anesthesia M.G.H.

Surls, Joseph K., *Orthopedic* '20, *Surgery* '22
48 Winchester St., Brookline, Mass. 02146

*Surman, Owen S.
Assistant Resident, Psychiatry M.G.H.

Sussman, Marcy L., *Radiology* '30
218 E. Stetson Drive, Scottsdale, Arizona 85251

Sutherland, Donald W., *Medicine* '60
2455 N.W. Marshall St., Portland, Ore. 97219

Sutherland, George F., *Psychiatry* (McL) '41
State Office Bldg., Baltimore, Md. 21201

*Sutphen, John H.
Assistant Resident, Radiology M.G.H.

Sutphin, Adney K., *Medicine* '46
1805 Monument Ave., Richmond, Va. 23220

Suwa, Kunio, *Anesthesia* '65
Hanakowada, Taito-Ku, Tokyo, Japan

Suyama, Eji, *Surgery* '55
Maine Coast Memorial Hospital, Ellsworth, Maine 04605

*Suzuki, Hiroshi
Research Fellow, Surgery M.G.H.

Swan, Channing S., *Surgery* '25
2 Willow Rd., Weston, Mass. 02193

Swan, Charles L., Jr., *Surgery* '29
262 Beacon St., Boston, Mass. 02116

*Swann, David A.
Assistant Biochemist (Surgery) M.G.H.

*Swartz, Jacob H.
Honorary Physician M.G.H.

*Swartz, Morton N., *Medicine* '53
Physician M.G.H.

Sweat, R. Earle, *Surgery* '65
431 Doyle Park Dr., Santa Rosa, Calif. 95405

Sweeny, Donald N., Jr., *Surgery* '43
8445 E. Jefferson St., Detroit, Mich. 48214

Sweet, Elliott B., *Orthopedic* '54
85 Jefferson St., Hartford, Conn. 06103

Sweet, Paul L., *Dentistry* '50
Fairfield Trust Bldg., Danbury, Conn. 06810

Sweet, Robert B., *Anesthesia* '50
University Hospital, Ann Arbor, Mich. 48104

*Sweet, Roger H.
Assistant in Medicine M.G.H.

*Sweet, William H., *Neurosurgery* '41
Chief of Neurosurgical Service M.G.H.

Sweetnam, George H., *Dentistry* '37
743 High St., Dedham, Mass. 02026

Swineford, Oscar, Jr., *Medicine* '27
University of Virginia Hospital, Charlottesville, Va. 22903

Sycamore, Leslie K., *Radiology* '29
Hitchcock Clinic, Hanover, N.H. 03755

*Symonds, Daniel A.
Intern in Pathology M.G.H.

*Szabo, George
Associate Biologist, Dermatology M.G.H.

*Szyfelbejn, Stanislaw, *Anesthesia* '69
Clinical Fellow, Anesthesia M.G.H.

Tabor, Celia White, *Medicine* '45
3130 Wisconsin Ave., N.W., Washington, D.C. 20016

*Taft, Edgar B.
Pathologist M.G.H.

*Taft, Priscilla D.
Associate Pathologist M.G.H.

Taggart, F. Howard, Jr., *Anesthesia* '66
Union Hospital, Lynn, Mass. 01904

Taguchi, Kenneth, *Surgery* '70
Royal Victoria Hospital
Montreal, Quebec, Canada

Talalay, Paul, *Surgery* '50
Johns Hopkins University School of Medicine, Baltimore, Md. 21205

*Talamo, Richard C., *Children's* '66
Associate Pediatrician M.G.H.

Talbert, Oliver R., *Neurology* '53
Medical College of South Carolina, Charleston, S.C. 29403

*Talbot, Nathan B.
Chief of Children's Service M.G.H.

Talin, John J., *Orthopedic* '43
275 Hoosick St., Troy, N.Y. 12180

Tallon, John B., *Radiology* '53, *Orthopedic* '59
742 King St., West, Kitchener, Ontario, Canada

Talmadge, Sam M., *Surgery* '39
1010 Prince Ave., Athens, Ga. 30601

T'an, Chung-Chang, *Orthopedic* '43
1951 N. Fresno St., Freson, Calif. 93703

*Tanaka, Kay
Assistant in Biochemistry (Medicine) M.G.H.

Tandon, Rajendra, *Medicine* '60
All-India Medical Research Institute. New Delhi, India

Tanner, James W., *Radiology* '62
Cottage Hospital, Santa Barbara, Calif. 93105

Tanner, Joseph B., *Orthopedic* '54
300 Homer Ave., Palo Alto, Calif. 94301

Tannheimer, John F., *Pathology* '45, *Medicine* '48
525 Lafayette St., Ionia, Mich. 48846

*Tardiff, Kenneth J.
Assistant Resident in Psychiatry M.G.H.

*Tarlov, Edward
Assistant Resident, Neurosurgery M.G.H.

Tatlock, Hugh, *Medicine* '40
264 Elm St., Northampton, Mass. 01060

Taunton, Oscar D., *Medicine* '69
U.S. Army Medical Research & Nutrition Laboratory, Fitzsimmons General Hospital, Denver, Colo. 80240

*Tawil, Hilda
Assistant Resident in Neurology M.G.H.

Taylor, Isaac M., *Medicine* '51
University of North Carolina School of Medicine, Chapel Hill, N.C. 27515

*Taylor, John B., *Dentistry* '57
Assistant Oral Surgeon
737 High St., Westwood, Mass. 02090

*Tefft, Richard C., Jr.
Honorary Physician
P.O. Box 72, Cleverdale, N.Y. 12820

*Temby, William D.
Assistant Attending Psychiatrist (McL)
2000 Washington St., Newton Lower Falls, Mass. 02162

*Temeriusz, Andrzej C.
Research Fellow, Biochemistry (Medicine) R.F.

Temple, Anthony R., *Children's* '69
University of Utah Medical School,
Salt Lake City, Utah 84112

*Tenney, Benjamin, *Surgery* '27
Honorary Surgeon
P.O. Box 10, Washington, Conn. 06793

Tenney, Vivian A., *Gynecology* '43
108 East 86th St., New York, N.Y. 10028

Terao, Hideo *Neurosurgery* '70
University of Tokyo
Tokyo, Japan

Tetirick, Jack E., *Surgery* '56
131 St. Grant Ave., Columbus, Ohio 43215

Tew, John McL., *Neurosurgery* '69
506 Oak St., Cincinnati, Ohio 45219

*Thach, William T., Jr., *Medicine* '66
Clinical & Research Fellow, Neurology
M.G.H.

Thacker, Henry C., *Children's* '42
117 Goff St., Auburn, Maine 04210

Thaxter, Langdon T., *Medicine* '16, *Radiology* '28
Cumberland Foreside, Portland, Maine 04110

Thebaut, Ben R., Jr., *Orthopedic* '70
C.H.M.C.

*Thenen, Shirley W.
Research Fellow, Medicine M.G.H.

Theus, Walter W., *Dentistry* '52
1513 Gregg St., Columbus, S.C. 29201

*Thibault, George E.
Assistant Resident in Medicine
M.G.H.

Thier, Samuel O., *Medicine* '66
University of Pennsylvania, Philadelphia, Pa.

*Thoma, Kurt H.
Honorary Surgeon
c/o Olive Walker, 271 Mill St.,
Newtonville, Mass. 02160

Thomas, Arthur D., *Anesthesia* '66
7754 Starlight Dr., La Jolla, Calif. 92037

Thomas, John B., *Medicine* '54
85 Jefferson St., Harford, Conn. 06130

Thomas, Robert L., *Neurosurgery* '33, *Surgery* '36
136 Overhill Rd., Orinda, Calif. 94563

Thomas, Wilbur A., *Pathology* '51
Albany Medical College, Albany, N.Y. 12208

Thomas, William H., *Orthopedic* '65
5 Maple St., Brookline, Mass. 02146

Thompson, Edger B., III, *Orthopedic* '63
1315 S. Orange Ave., Orlando, Fla. 32806

Thompson, Jesse E., *Neurosurgery* '45, *Surgery* '48
1008 N. Washington Ave., Dallas, Texas 75204

Thompson, Milton S., Jr., *Orthopedic* '35
Nix Professional Bldg., San Antonio, Texas 78205

Thompson, Philip P., Jr., *Medicine* '46
131 Chadwick St.,
Portland, Maine 04102

*Thompson, Richard H., *Surgery* '40
Clinical Associate, Surgery
79 Hihgland Ave., Salem, Mass. 01970

Thompson, Samuel B., *Orthopedic* '47
5520 W. Markham St., Little Rock, Ark. 72205

Thompson, W. Taliaferro Jr., *Medicine* '41
Medical College of Virginia, Richmond, Va. 23219

Thompson, Walter A., *Psychiatry* (McL) '31
21 Pokohoe Dr., North Tarrytown, N.Y. 10591

Thomson, Captane P., *Psychiatry* (McL) '62
Yolo County Health Department, 815 Court St., Woodland, Calif. 91364

*Thorndike, Augustus, *Surgery* '23
Honorary Surgeon
509 Hammond St., Chestnut Hill, Mass. 02167

Thornton, Clarence E., *Psychiatry* '58
2 Sylvan St., Danvers, Mass. 01923

*Thornton, Malcolm E.
Clinical Assistant in Oral Surgery
M.G.H.

Thorp, Edward G., *Medicine* '31
16 Crystal St., Melrose, Mass. 02176

*Thurer, Robert L.
Intern in Surgery
M.G.H.

Thurlbeck, William M., *Pathology* '58
McGill University, Montreal, Canada

Tileston, Wilder, *Medicine* '00
P.O. Box 6087, Carmel, Calif. 93921

*Tilley, Robert F.
Assistant Dermatologist
110 Francis St., Boston, Mass. 02115

*Timberlake, William H., *Neurology* '49
Associate Neurologist
L.S.H.

Timm, Alexander B., Jr., *Dermatology* '56
36 W. Main St., Milford, Conn. 06460

*Tingey, William H., Jr., *Dentistry* '59
Associate Visiting Oral Surgeon
872 Massachusetts Ave., Cambridge, Mass. 02139

Tisdale, William A., *Medicine* '56
University of Vermont College of Medicine, Burlington, Vt. 05401

Tobin, William J., *Orthopedic* '39
1835 I St., N.W., Washington, D.C. 20006

*Toch, Rudolf
Associate Pediatrician
98 Adams St., Milton, Mass. 02178

*Toda, Kiyoshi
Assistant Biochemist, Dermatology
M.G.H.

Todd, Barnard P., *Medicine* '38
Johnson Bldg., Beverly, Mass. 01915

*Todd, Donald P., *Anesthesia* '47
Anesthetist M.G.H.

*Tofield, Joshua J.
Assistant Resident in Surgery
M.G.H.

Togut, Allen J., *Surgery* '70
47 Libby Street, Brockton, Mass. 02402

*Tolkoff, Nina E., *Medicine* '69
Resident, Medicine M.G.H.

Toll, Giles D., *Surgery* '57, *Pathology* '59
Presbyterian Hospital
Denver, Colorado 80218

*Toll, Karel van Syckel
Assistant Neurologist
197 Collidge Hill Rd., Cambridge, Mass. 02138

*Tolman, E. Laurie, *Dermatology* '65
Clinical Associate, Dermatology M.G.H.

*Tolman, Maurice M.
Board of Consultation, Dermatology
Zero Emerson Pl., Boston, Mass. 02114

*Tomchik, Frederick S., *Radiology* '55
Associate Radiologist M.G.H.

Tompkins, Douglas G., *Orthopedic* '58
Gundersen Clinic, La Crosse, Wis. 54601

Tompkins, J. Butler, *Psychiatry* (McL) '37
75 Linden St., Brattleboro, Vt. 05301

*Toole, Bryan P.
Research Fellow, Medicine M.G.H.

Toomey, Edward G., *Dermatology* '66
Concord Medical Center, Concord, Mass. 01742

*Torch, William C.
Intern, Children's Service
M.G.H.

Toriello, Julio, *Radiology* '55
11 Calle 2-37, Zona-1, Guatemala City, Guatemala

*Torop, Paul, *Psychiatry* (McL) '69
Resident Psychiatrist (McL) McL.

*Touchette, Paul E.
Assistant in Psychology, Neurology M.G.H.

Tow, Peter M., *Psychiatry* '54
111 Balaam St., London, E.13, England

Towery, Beverly T., *Medicine* '46
323 E. Chestnut St., Louisville, Ky. 40202

*Towne, John W.
Clinical Assistant in Surgery
1180 Beacon St., Brookline, Mass. 02146

*Townsend, James H., *Medicine* '23
Honorary Physician
M.I.T.

Tractenberg, Howard A., *Anesthesia* '63
B.I.H.

Tracy, David M., *Surgery* '70
22 Castleton Street, Jamaica Plain, Mass. 02130

Tracy, Robert J., *Surgery* '49
197 South St., Pittsfield, Mass. 01202

Traul, Richard S., *Anesthesia* '68
Arlington Rd., Bellefontaine, Ohio 43311

Traver, Clarence A., *Surgery* '27
175 S. Swan St., Albany, N.Y. 12202

Traver, Ralph F., *Surgery* '30
Veterans Administration Hospital, Bath, N.Y. 14810

*Tregear, Geoffrey W.
Research Fellow in Medicine M.G.H.

*Trelstad, Robert L.
Research Fellow in Pathology M.G.H.

Trethowan, William H., *Psychiatry* '51
Department of Psychiatry, Queen Elizabeth Hospital, Birmingham, 15, England

Trevett, Laurence D., *Medicine* '33, *Neurology* '34, *Psychiatry* (McL) '36
412 Beacon St., Boston, Mass. 02115

*Triantaphyllidis, Apostolos A.
Clinical Fellow in Anesthesia
M.G.H.

*Trichet, Bernadette
Research Fellow in Anesthesia M.G.H.

Trieger, Norman, *Dentistry* '56
University of California at Los Angeles, Dental School, Los Angeles, Calif. 90024

Tripp, Curtis C., *Surgery* '23
97 Madison St., New Bedford, Mass. 02740

*Trivus, Robert H., *Psychiatry* (McL) '66
Assistant Attending Psychiatrist (McL)
104 Rock Meadow Rd., Westwood, Mass. 02090

Troppoli, Daniel V., *Neurology* '27
380 Broadway, Providence, R.I. 02909

Trowbridge, Ellsworth H., Jr., *Neurology* '40
Plaza Time Bldg., Kansas City, Mo. 64112

*Trowbridge, Frederick L., *Children's* '69
Resident, Children's Service
M.G.H.

Troxler, Eulyss R., *Orthopedic* '42
1005 Professional Village, Greensboro, N.C. 27401

*Truman, John T., *Children's* '63
Assistant Pediatrician; Clinical Consultant, Blood Bank, M.G.H.

Tucker, James T., *Orthopedic* '30
116 E. Franklin St., Richmond, Va. 23219

Tucker, Robert P., *Surgery* '40
1603 Ware Ave., East Point, Ga. 30044

Tucker, Walter I., *Psychiatrist* (McL) '42
605 Commonwealth Ave., Boston, Mass. 02215

*Tudor, Frederic
Clinical Associate, Medicine
51 Randolph Ave., Milton, Mass. 02187

Turner, John D., *Medicine* '58
Baylor University, Houston, Texas 77025

*Turner, Robert C.
Clinical & Research Fellow in Medicine
M.G.H.

*Turner, Roderick H., *Orthopedic* '66
Assistant in Orthopedic Surgery
L.S.H.

Tuttle, Elbert P., Jr., *Medicine* '53
Emory University Medical School, Atlanta, Ga. 30322

Twombly, Gray H., *Surgery* '32
842 Park Ave., New York, N.Y. 10021

Tyson, Robert G., *Children's* '50
733 Washington Rd., Pittsburgh, Pa. 15228

*Ulfelder, Howard, *Surgery* '41
Chief of Gynecological Service M.G.H.

Ulick, Stanley C., *Children's* '52
Veterans Administration Hospital, 130 W. Kingsbridge Rd., Bronx, N.Y. 10468

Ulmer, Jack L., *Neurosurgery* '42
McGuire Veterans Administration Hospital, Richmond, Va. 23225

*Umlas, Joel, *Pathology* '67
Clinical Associate in Pathology
M.G.H.

Ungerer, Matthys J., *Anesthesia* '71
Faculty of Medicine
Univ. of O.F.S.
Bloemfontein, South Africa

Urbaniak, Henry S., Jr., *Orthopedic* '67
100 Dudley St., Providence, R.I. 02905

Urist, Marshall R., *Orthopedic* '47
1019 Gayley Ave., Westwood Villiage, Los Angeles, Calif. 90024

Urmy, Thomas Van O., *Medicine* '30
Sprague Electric Company, North Adams, Mass. 02147

Urquhart, John, III, *Surgery* '61
University of Pittsburgh School of Medicine, Pittsburgh, Pa. 15213

Urschel, Harold C., Jr., *Surgery* '62
4930 Manson Crt., Dallas, Texas 75229

Uyeda, Clifford I., *Children's* '51
2425 Geary Blvd., San Francisco, Calif. 94115

Vagelos, Pindaros R., *Medicine* '56
Washington University, Department of Medicine, St. Louis, Mo. 63110

*Valenta, Lubomir J.V.
Clinical & Research Fellow, Medicine
M.G.H.

Van Buskirk, David, *Medicine* '59
77 Parking Way, Quincy, Mass. 02169

Vance, Lewis A., *Pathology* '37, *Radiology* '39
444 E. Royal Flamingo Drive, Sarasota, Fla. 33577

Vance, Robert G., *Radiology* '24
3820 Malec Circle, Sarasota, Fla. 33581

*Vancura, Pavel
Assistant Physiologist (Surgery)
M.G.H.

*Vanderpol, Maurice
Associate Psychiatrist (McL)
470 South St., Needham, Mass. 02192

*Vander Salm, Thomas J., *Surgery* '67
Assistant Resident, Orthopedic Surgery
M.G.H.

Vanderveen, James L., *Anesthesia* '55
B.U.H.

*Van Dyke, Wilhelmina, *Children's* '43
Clinical Associate in Pediatrics
16 Spafford Rd., Milton, Mass. 02186

Van Eerde, Albert, *Anesthesia* '55
Paterson General Hospital, Paterson, N.J. 07501

Van Nuys, Fresenius, *Medicine* '07
9 Floyd St., Waltham, Mass. 02154

van Ravenswaay, Arie C., *Pathology* '34
601 N. Wilmot Rd., Tucson, Ariz. 85711

van Ravenswaay, Theodore, *Pathology* '57
Permanente Medical Group
99 Montecillo Road, San Rafael, Calif.

*Vanvroonhoven, Theo J.
Clinical & Research Fellow, Surgery
M.G.H.

Varney, Hewitt I., *Psychiatry* (McL)'38
5414 Grove St., Chevy Chase, Md. 20015

*Vasquez-Amory, Ernesto, *Psychiatry* '69
Assistant Resident, Psychiatry M.G.H.

Vaughan, Robert H., *Surgery* '44
711 Center St., Columbus, Ga. 31901

Vaughan, Victor C., III, *Children's* '43
125 West Walnut Lane, Philadelphia, Pa. 19144

Veazey, Paul M., *Children's* '57
Santa Barbara Medical Clinic, 1421 State St., Santa Barbara, Calif. 93104

Valdee, Milton V., *Medicine* '20
1855 Bay Laurel Drive, Menlo Park, Calif. 94025

*Verma, Kedar N.
Clinical Fellow in Medicine
M.G.H.

Vernon, James T., *Psychiatry* (McL) '50
Broadoaks Sanatorium, Morgantown, N.C. 28655

Verny, Thomas R., *Psychiatry* '66
Clark Institute of Psychiatry, University of Toronto, Toronto, Canada

Vesell, Elliot S., *Children's* '60
Pennsylvania State University, College of Medicine, Hershey, Pa. 17033

*Vetter, Wilhelm J.
Research Fellow in Medicine
M.G.H.

Veyrieres, Alain M., *Biochemistry (Med)* '70
Laboratoire de Chimie des Composes Biologiques
Faculte des Sciences
Poste 233, Orsay, France

Vial, A. Burgess, *Surgery* '43
Box 390, Springerville, Ariz. 85938

*Vickery, Austin L., Jr.
Pathologist M.G.H.

Vidal, Camilo, *Anesthesia* '67
Georgetown University Medical Center, 3900 Reservoir Rd., N.W., Washington, D.C. 20007

*Villanueva, Jose S.
Assistant Resident in Anesthesia
M.G.H.

Villee, Dorothy B., *Children's* '56
43 Cottage Farm Rd., Brookline, Mass. 02146

Vitt, Robert P., *Orthopedic* '51
317 W. Pueblo St., Santa Barbara, Calif. 93102

Voke, Edward L., *Radiology* '31
Ohio Bldg., Akron, Ohio 44308

*Volpe, Joseph J., *Children's* '66, *Neurology* '69
Clinical Research Fellow, Neurology M.G.H.

Volwiler, Wade, *Medicine* '45
University of Washington, School of Medicine, Seattle, Wash. 98105

Von Kessler, Kirby L.C., *Orthopedic* '65
4 East Madison St., Baltimore, Md. 21202

*Von Pohl, Joachim W.
Assistant Resident, Anesthesia M.G.H.

*Wacks, Jerry, *Psychiatry* (McL) '67
Assistant Attending Psychiatrist
244 Brattle St., Cambridge, Mass. 02138

Waddell, William R., *Surgery* '51
University of Colorado School of Medicine, Denver, Colo. 80220

*Waddington, Earle J.
Board of Consultation, Oral Surgery
6 Haverhill St., Andover, Mass. 01811

*Wainer, Robert A.
Clinical & Research Fellow in Medicine M.G.H.

*Waitzkin, Evelyn D.
Clinical Assistant, Psychiatry M.G.H.

Waldman, Jerome, *Orthopedic* '49
1616 Grand Ave., Waukegan, Ill. 60085

Waldmann, Katharine Spreng, *Medicine* '57
3910 Rickover Rd., Silver Spring, Md. 20902

Waldmann, Thomas A., *Medicine* '56
National Institutes of Health, Bethesda, Md. 20014

Waldron, Alexander M., *Medicine* '39
309 N. Ingalls St., Ann Arbor, Mich. 48104

Waldron, Robert L., II, *Surgery* '63
29 Shawmut Ave., Wayland, Mass. 01778

Walke, John T., *Children's* '48
303 Washington Ave., S.W., Roanoke, Va. 24016

Walker, George M., *Surgery* '51
269 Prospect St., Fitchburg, Mass. 01420

Walker, Jerome K., *Dentistry* '54
42 W. Brook St., Manchester, N.H. 03104

Walker, Michael J., *Psychiatry* (McL) '65
48th TAC Hospital, Box 4331,
APO, New York 09179

Walker, Robert H., *Pathology* '51, *Surgery* '53
Medical Center Bldg., Calgary, Alberta, Canada

*Walker, William A.
Research Fellow, Medicine M.G.H.

Wallace, Edward P., *Children's* '48
71 Parker Ave., Meriden, Conn. 06152

*Wallace, James W., *Radiology* '69
Assistant in Radiology M.G.H.

Wallach, Donald F.H., *Biochemical Res.* '70
Max-Planck
Institut f. Immunbiologie
Freiburg-Zahringen
Stubeweg 51, West Germany

Wallwork, David W., *Surgery* '32
5 3rd St., North Andover, Mass. 01845

Walser, Mackenzie, *Medicine* '50
Johns Hopkins University, School of Medicine, Baltimore, Md. 21205

*Walter, Mark M., Jr., *Psychiatry* '55, *Psychiatry* (McL) '58
Associate Psychiatrist (McL) McL.

*Walzer, Sarita G.
Assistant Anesthetist M.G.H.

*Wang, Chiu-an, *Surgery* '46
Assistant Surgeon
Zero Emerson Pl., Boston, Mass. 02114

*Wang, Chiu-chen, *Radiology* '52
Radiologist M.G.H.

Wang, Yang, *Medicine* '57
University of Minnesota Hospitals, Minneapolis, Minn. 55414

Ward, Albert J., *Surgery* '29
Community Medical Group, Boonton, N.J. 07005

Ward, John L., *Medicine* '35
600 Scranton Ave., Lake Bluff, Ill. 60044

Ware, Roland G., Jr., *Radiology* '63
Maine Medical Center, Department of Radiology, Portland, Me. 04102

Waring, Elmar S., *Medicine* '19
1807 South Indian River Dr., Fort Pierce, Fla. 33450

Warner, John H., Jr., *Medicine* '37
Oberlin College Student Health Service, Oberlin, Ohio 44074

Warren, Charles F., *Medicine* '33
Big Spring, Tenn. 37323

*Warren, Christopher D.
Research Fellow, Biochemistry (Medicine)
R.F.

*Warren, Richard, *Surgery* '36
Board of Consultation, Surgery
319 Longwood Ave., Boston, Mass. 02115

Warren, Stafford L., *Medicine* '24
100 Veteran Ave., Los Angeles, Calif. 90024

*Warshaw, Andrew L., *Surgery* '70
Chief Resident in Surgery
M.G.H.

*Warshaw, Joseph B.
Associate Pediatrician S.B.I.

*Washburn, Stephen L., *Psychiatry* '56, *Psychiatry* (McL) '57
Associate Psychiatrist (McL) McL.

*Watkins, Arthur L., *Neurology* '38
Board of Consultation, Medicine
Peterborough, N.H. 03458

*Watson, Barbara K.
Assistant Bacteriologist M.G.H.

Watson, James W., *Medicine* '44
307 East 44th St., New York, N.Y. 10017

Watson, Richard H., *Children's* '53
8 Porter St., Melrose, Mass. 02176

Watson, Robert F., *Medicine* '36
525 East 68th St., New York, N.Y. 10021

Watts, Arthur B., *Surgery* '43
103 E. Holly St., Bellingham, Wash. 98225

Watts, James W., II, *Neurology* '28, *Neurosurgery* '29
1911 R St., N.W., Washington, D.C. 20009

Watts, Hugh G., *Orthopedic Surgery* '71
C.H.M.C.

Waud, Barbara E., *Anesthesia* '59
B.U.H.

*Waugh, Nancy C.
Associate Psychologist, Psychiatry
M.G.H.

Waxman, Herbert S., *Medicine* '67
Department of Medicine
Temple University School of Medicine
Philadelphia, Pa. 10140

*Weber, Alfred L., *Radiology* '59
Radiologist M.G.H.

*Webster, Edward W.
Physicist, Radiology M.G.H.

Webster, Henry deF., *Neurology* '56
University of Miami, School of Medicine,
Coral Gables, Fla. 33146

Webster, Richard C., *Surgery* '44
1101 Beacon St., Brookline, Mass.
02146

Wedrow, Earl M., *Psychiatry* '53
479 Beacon St., Boston, Mass. 02115

Weems, William L., *Urology* '65
University of Mississippi Medical Center,
2500 North State St., Jackson, Miss.
39206

Wegner, Karl H., *Pathology* '61
1012 Lincoln Ave., Sioux Falls, S.D.
57105

Weiler, Howard G., *Orthopedic* '32
Central Union Bldg., Wheeling, W. Va.
26003

*Weinberg, Arnold N., *Medicine* '62
Cambridge City Hospital
Cambridge, Mass.

Weinberg, Richard A., *Dermatology* '62
930 West Sproul Rd., Springfield, Pa.
19064

*Weinberger, Jerome L.
Associate Psychiatrist
51 Brattle St., Cambridge, Mass. 02138

*Weightman, Barry O.
Research Fellow in Orthopedic Surgery
M.G.H.

*Weiner, Milton A., *Radiology* '68
Assistant Radiologist M.G.H.

*Weiner, Robert M.
Assistant Attending Psychiatrist
(McL)
1419 Beacon St., Brookline, Mass
02146

Weinfeld, Marvin S., *Orthopedic* '61
454 Brookline Ave., Boston, Mass.
02215

*Weingarten, Charles H. *Medicine* '60
Mass. Rehabilitation Center, 125 Nashua
St., Boston, Mass. 02114

*Weingarten, Peter L.
Assistant Resident, Orthopedic Surgery
M.G.H.

Weinger, Jesse M., *Orthopedic Surgery* '71
C.H.M.C.

Weinshilboum, Richard M., *Medicine* '69
National Institutes of Health, Bethesda,
Md. 20014

*Weinstein, Allan J.
Clinical & Research Fellow in Medicine
M.G.H.

*Weinstein, Louis
Associate Physician
171 Harrison Ave., Boston, Mass. 02111

*Weinstein, Mark E.
Assistant Resident in Surgery
M.G.H.

*Weinstock, Robert, *Psychiatry* (McL) '69
Resident Psychiatrist (McL) McL.

Weir, David R., *Pathology* '38
Highland View Hospital, Cleveland, Ohio
44122

*Weiser, Milton M.
Assistant in Medicine M.G.H.

*Weisfeldt, Myron L.
Clinical & Research Fellow, Medicine
M.G.H.

*Weisman, Avery D., *Psychiatry* '45
Psychiatrist
Zero Emerson Place, Boston, Mass. 02114

*Weiss, Alfred D.
Assistant Neurologist M.E.E.I.

Weiss, Ira W., *Medicine* '69
National Cancer Institute, Bethesda, Md. 20014

Weiss, Louis L., *Anesthesia* '56
1225 N. Madison Ave., Anderson, Ind. 46011

*Weiss, Ruth S.
Assistant Attending Psychiatrist (McL)
51 Brattle St., Cambridge, Mass. 02138

*Welch, Claude E., *Surgery* '37
Visiting Surgeon M.G.H.

*Welch, John P., *Surgery* '37
Assistant Resident, Surgery
M.G.H.

*Wells, Lionelle D.
Assistant in Psychiatry
82 Marlborough St., Boston, Mass. 02116

Wenig, Martin, *Dentistry* '45
255-17 Northern Blvd., Little Neck, Long Island, N.Y. 11363

*Wepsic, James G., *Neurosurgery* '69
Assistant in Neurosurgery M.G.H.

*Wermer, Olga S., *Psychiatry* (McL) '63
Assistant Attending Psychiatrist (McL)
2500 Beacon St., Chestnut Hill, Mass. 02167

Werner, Thomas C. *Medicine* '70
Tufts Univ. School of Medicine, Boston, Mass.

Wescott, Henry H., *Orthopedic* '24
Irvington, Va. 22480

*Wesley, John R., *Surgery* '69
Assistant Resident, Surgery M.G.H.

West, Weldon W., *Surgery* '54
2420 N. California St., Stockton, Calif. 95204

*Westerfield, Larry H.
Assistant Resident, Radiology M.G.H.

Wexler, Marvin J., *Surgery* '68
Department of Surgery
Royal Victoria Hospital, Montreal, Quebec, Canada

Weylman, Walther T., *Radiology* '60
358 North Main St., Andover, Mass. 01810

Wheeler, Bencroft C., *Surgery* '26
27 Elm St., Worcester, Mass. 01608

Wheeler, Charles A., *Neurosurgery* '35, *Surgery* '38
69 West St., Leominster, Mass. 01453

*Wheeler, Edwin O.
Physician
Zero Emerson Pl., Boston, Mass. 02114

Wheeler, James T., *Medicine* '56
Medical Arts Bldg., Dallas, Texas 75201

Wheeler, Warren E., *Children's* '34
University of Kentucky Medical Center, Lexington, Ky. 40506

*Wheeler, William F., Jr.,
Assistant Resident, Anesthesia M.G.H.

*Wheelock, Frank C., Jr., *Surgery* '49
Visiting Surgeon
110 Francis St., Boston, Mass. 02215

*Whikehart, David R.
Research Fellow, Biochemistry (McL)
McL.

*Whiskin, Frederick E., *Psychiatry* (McL) '52, *Psychiatry* '54
Assistant Attending Psychiatrist (McL)
Box 401, 95 Hornbeam Rd.,
S. Duxbury, Mass. 02374

*White, Alan F., *Radiology* '69
Resident, Radiology
M.G.H.

*White, James C., *Surgery* '27
Honorary Surgeon
M.G.H.

White, Laurens P., *Medicine* '51
490 Post St., San Francisco, Calif. 94102

*White, Paul D., *Children's* '11, *Medicine* '20
Honorary Physician; Consulting Cardiologist (McL)
264 Beacon St., Boston, Mass. 02116

*Whitfield, Thomas J., III, *Children's* '57
Clinical Associate in Pediatrics
Concord Medical Center, Concord, Mass. 01743

Whitford, Warren, *Orthopedic* '31
80 Sherman Ave., New Haven, Conn. 06511

*Whiting, Richard G.
Assistant Physician
One Hawthorne Place, Boston, Mass. 02114

*Whitlow, Dennis R., *Surgery* '69
Chief Resident, Surgery M.G.H.

Whittemore, James P., *Children's* '47
2330 N.W. Flanders St., Portland, Ore. 97210

*Wibbelsman, Charles J.
Intern, Children's Service
M.G.H.

Wigglesworth, William C., *Surgery* '45
80 County Rd., Ipswich, Mass. 01938

Wilcox, John C., *Children's* '37
146 Nemaha St., Ponoma, Calif. 91767

Wilcox, Roger E., *Surgery* '55
909 E. Brill Street
Phoenix, Ariz. 85006

Wilde, Henry D., Jr., *Orthopedic* '62
2210 Maroneal, Houston, Texas 77025

*Wilensky, Samuel
Assistant Applied Physicist, Medicine
M.G.H.

*Wilkins, Earle W., Jr., *Surgery* '51
Visiting Surgeon; Chief of the Emergency Ward and Over-night Ward
Zero Emerson Pl., Boston, Mass. 02114

*Wilkinson, Harold A., *Neurosurgery* '63
Clinical Assistant, Neurosurgery
B.C.H.

Willens, John S., *Anesthesia* '69
Philadelphia Naval Hospital,
Philadelphia, Pa.

*Willerson, James T., *Medicine* '67
Clinical & Research Fellow, Medicine
M.G.H.

Willetts, Arthur T., *Urology* '42
85 Woodland Rd., Short Hills, N.J. 07078

Williams, Christine L., *Children's* '68
125 Charles St., Boston, Mass. 02114

*Williams, Conger, *Medicine* '40
Physician M.G.H.

Williams, David W., *Surgery* '43, *Orthopedic* '46, *Urology* '48
130 Maple St., Springfield, Mass. 01103

Williams, G. Melville, *Surgery* '64
Medical College of Virginia, Richmond, Va. 23219

*Williams, Harold W., Jr., *Psychiatry* '61, *Psychiatry* (McL) '62
Assistant Psychiatrist (McL) McL.

Williams, Hibbard E., *Medicine* '64
University of California Medical Center, San Francisco, Calif. 94122

*Williams, J. Richard, Jr.
Resident in Medicine M.G.H.

Williams, Oscar B., Jr., *Anesthesia* '55
6718 Briar Cove Drive, Dallas, Texas 75240

Williams, Ralph C., Jr., *Medicine* '60
Bernalillo County Medical Center, Albuquerque, N.M. 87106

*Williams, Robert C.
Assistant in Radiology
M.G.H.

Williams, Roger A., *Pathology* '69
U.S. Naval Hospital, San Diego, Calif. 92134

*Williams, Roger N.
Assistant Resident, Orthopedic Surgery
M.G.H.

*Williams, Vernon P., *Surgery* '31
Honorary Physician
330 Dartmouth St., Boston, Mass. 02116

Williams, Willis H., *Surgery* '69
C.H.M.C.

Williamson-Lefort, Ladislao, *Medicine* '42
Miguel Cruchaga Tocornal 920, Officina 405, Santiago, Chile

Wilson, Edward H., Jr., *Surgery* '50
Presbyterian Hospital
Clay & Webster Sts., San Francisco, Calif. 94115

Wilson, Emmett, Jr., *Psychiatry* (McL) '63
15 West 73rd St., New York, N.Y. 10023

Wilson, John C., Jr., *Surgery* '45, *Orthopedic* '50
2010 Wilshire Blvd., Los Angeles, Calif. 90057

Wilson, John L., *Surgery* '48
American University of Beirut
Beirut, Lebanon

Wilson, Philip D., Jr., *Surgery* '46
535 East 70th Street
New York, N.Y. 10021

*Wilson, Robert F.
Clinical Associate in Pediatrics
Doctor's Park, Dover, N.H. 03820

*Wilson, Roger S.
Assistant in Anesthesia
M.G.H.

Wimberger, Herbert C., *Psychiatry* (McL) '59
University of Washington Medical School, Seattle, Wash. 98105

*Winer, Richard A.
Consultant in Dentistry, Department of Neurology
240 Lafayette St., Salem, Mass. 01970

*Winkler, Gerald F., *Neurology* '61
Associate Neurologist M.G.H.

Winkler, John J., *Radiology* '28
Austin State Hospital, Austin, Texas 78751

*Winn, Henry, J.
Associate Immunologist, Surgery M.G.H.

Winn, William A., *Medicine* '34
Springville Hospital, Springville, Calif. 93265

Winsor, Allen P., *Medicine* '19, *Surgery* '21
1080 Beacon St., Brookline, Mass. 02146

Winter, Peter M., *Anesthesia* '65
State University of New York, Buffalo, N.Y. 14215

*Wipfelder, Rosemarie
Assistant Physicist, Radiology
M.G.H.

*Wirthlin, LeRoy S., *Surgery* '70
Assistant in Surgery
M.G.H.

Wishard, William N., Jr., *Surgery* '27
1711 N. Capitol Ave., Indianapolis, Ind.

Wishner, Stanley H., *Medicine* '70
Wiford Hall Hospital
Lackland A.F.B., San Antonio, Texas

Wittenberg, Jack, *Radiology* '66
B.C.H.

Wohl, Herbert, *Medicine* '59
Albert Einstein College of Medicine, Bronx, N.Y. 10461

*Wohl, Martin J., *Medicine* '63
Assistant Physician
75 Mount Auburn St., Cambridge, Mass. 02138

Wohl, Richard H., *Surgery* '64
University of California Medical Center, San Francisco, Calif. 94122

*Wolf, Irving
Consultant in Psychology, Psychiatry
M.G.H.

Wolf, Laurence E., *Surgery* '70
USAF Regional Hospital
Minot, North Dakota

Wolff, Carl T., *Medicine* '58
140 E. 83rd St., New York, N.Y. 10028

Wolff, Jan, *Medicine* '54
National Institutes of Health, Bethesda, Md. 20014

Wolff, Louis, *Medicine* '24
1101 Beacon St., Brookline, Mass. 02146

Wolfson, Steven, *Medicine* '68
Wilford Hall, U.S.A.F. Hospital, San Antonio, Texas 78235

*Wolpow, Edward R., *Neurology* '68, *Pathology* '69
Resident in Neurology M.G.H.

Wolterbeek, Jacob C., *Psychiatry* (McL) '63
Ayre Rd., Harvard, Mass. 01451

Wong, Livingston M.F. *Surgery* '65
4144 Papu Circle, Honolulu, Hawaii 96815

Woo, Shu Tai, *Medicine* '20

Woo, Sybil Wong, *Anesthesia* '66
B.I.H.

Wood, Benjamin S., *Surgery* '33
5214 Lipps Road, S.W.
Roanoke, Va. 24018

Wood, David J., *Psychiatry* '69
University of Colorado Medical Center, Denver, Colo. 80220

Wood, Edwin C., *Medicine* '51
200 Retreat Ave., Hartford, Conn. 06102

Wood, Howard P., *Medicine* '48
Lankenau Medical Bldg., Philadelphia, Pa. 19151

Wood, J. Edwin, Jr., *Medicine* '23
1327 Rugby Rd., Charlottesville, Va. 22903

Wood, James A., *Children's* '15
Box 325, Sea Island, Ga. 31561

Wood, William C., *Surgery* '68
Assistant Resident in Surgery
M.G.H.

Wood, William E., *Dentistry* '40
1832 Connecticut Ave., N.W., Washington, D.C. 20009

*Woodruff, Lorande M., *Surgery* '39, *Urology* '47
Assistant Urologist
110 Francis St., Boston, Mass. 02215

*Woods, Bryan T., *Medicine* '68, *Neurology* '69
Resident in Neurology
M.G.H.

*Woods, Edward F.
Visiting Fellow in Medicine
M.G.H.

Wooten, E. Jane Herring, *Children's* '44
904 Williamson Drive, Raleigh, N.C. 27608

*Worden, J. William
Assistant in Psychology, Psychiatry
Zero Emerson Pl., Boston, Mass. 02114

Worth, Thomas C., *Medicine* '38
Rex Hospital, Raleigh, N.C. 27603

Worthington, Michael G., *Surgery* '66, *Medicine* '68
1613 McBeth St., McLean, Va. 22101

Wosnitzer, Morey, *Urology* '60
32 Forest Drive, Springfield, N.J. 07081

*Wray, Shirley H.
Assistant Neurologist
M.G.H.

Wright, John E.C., *Surgery* '70
95 Ardoch Rd., Catford, London S.E. 6, England

Wright, R. Lewis, *Neurosurgery* '63
4908 Monument Ave., Richmond, Virginia 23113

*Wu, Alain S.
Assistant Resident in Anesthesia,
M.G.H.

*Wurtman, Richard J., *Medicine* '62
Clinical Assistant in Medicine
Department of Nutrition, M.I.T.

*Wyman, Edwin T., Jr., *Orthopedic* '60
Assistant Orthopedic Surgeon
412 Beacon St., Boston, Mass. 02115

*Wyman, Stanley M., *Radiology* '42
Visiting Radiologist
575 Mt. Auburn St., Cambridge, Mass. 02138

Wyngaarden, James B. *Medicine* '51
University of Pennsylvania School of Medicine, Philadelphia, Pa. 19104

Wynne, Lyman C., *Psychiatry* '51
National Institutes of Health, Bethesda, Md. 20014

Wysham, Donald N., *Medicine* '57
Christian Medical College, Ludhiana, Punjab, India

Yaffee, Howard S., *Dermatology* '53
60 Brattle St., Cambridge, Mass. 02138

*Yakovlev, Paul I.
Consultant in Neuropathology, Neurology
H.M.S.

Yanagisawa, Kazuo, *Orthopedic*
216 East 50th St., New York, N.Y. 10022

*Yankauer, Alfred, *Children's* '41
Consultant in Pediatrics
H.S.P.H.

*Yano, Mitsuo
Research Fellow in Medicine
M.G.H.

*Yatsuhashi, Masao, *Surgery* '46
Clinical Associate in Surgery
Pondville Hospital, Norfolk, Mass. 02056

Yee, Lester P.K., *Medicine* '39, *Surgery* '46
1641 Nuuanu Ave., Honolulu, Hawaii 96817

Yellen, Martin, *Psychiatry* (McL) '69
37 Campbell Rd., Wayland, Mass. 01778

Yenel, Faruk M., *Orthopedic* '65
Osmanagey Rumeli Cad., Birlik Apt. 42/3, Istanbul, Turkey

Yett, Harris S., *Orthopedic* '69
B.I.H.

Yodh, Shyam B., *Neurosurgery* '69
Samudio Villa, 18 Darobsha Rd., Bombay, India

*Yokoyama, Mitsuo M., *Anesthesia* '68
Clinical Fellow, Anesthesia
M.G.H.

Yonath, Jacob, *Medicine* '70
9 Matitiahu Street, Tel Aviv, Israel

*Yoshikawa, Hideyasu
Assistant Resident, Anesthesia
M.G.H.

Youmans, John B., *Medicine* '21
820 2nd Ave., New York, N.Y. 10017

*Youn, Chang H.
Assistant Resident in Anesthesia
M.G.H.

Young, Clark, *Surgery* '23
1848 Wilson Ave., Salt Lake City, Utah 84108

Young, David A., *Medicine* '33, *Psychiatry* '36, *Psychiatry* (McL) '37
714 St. Mary's St., Raleigh, N.C. 27605

*Young, D. Michael
Physical Chemist, Medicine
M.G.H.

*Young, Hugh H., II
Assistant in Urology
M.G.H.

*Young, Robert R., *Pathology* '64, *Neurology* '65
Associate Neurologist
M.G.H.

*Young, Thomas K.
Assistant Resident in Anesthesia
M.G.H.

Young, William G., *Psychiatry* (McL) '34
217 South Union St., Burlington, Vt. 65401

Yount, William J., *Medicine* '62
Rockefeller University
York Avenue at 66th St., New York, N.Y. 10021

*Yurchak, Peter M., *Medicine* '64
Assistant Physician
M.G.H.

Zaacks, Philip L., *Anesthesia* '70
Groote Schuur Hospital, Cape Town, S. Africa

Zacarian, Setrag A., *Dermatology* '55
130 Maple St., Springfield, Mass. 01103

*Zacest, Rudolf
Clinical & Research Fellow, Medicine
M.G.H.

*Zacharias, Leona
Associate Biologist, Surgery
M.G.H.

Zacks, Sumner I., *Pathology* '58
Ayer Laboratory, Pennsylvania Hospital, Philadelphia, Pa. 19107

*Zaidenberg, Martha H.
Assistant in Pharmacology (McL)
McL.

Zamcheck, Norman, *Pathology* '43
43 Bay State Rd., Boston, Mass. 02215

*Zamecnik, Paul C.
Physician
M.G.H.

Zaouussis, Alexander L., *Orthopedic* '54
23 Kanari St., Athens, Greece

*Zarins, Bertram
Assistant Resident in Orthopedic Surgery
M.G.H.

*Zarsky, Edward L.
Assistant Attending Psychiatrist (McL)
201 Buckminster Rd., Brookline, Mass. 02146

Zartman, Harvey F., *Children's* '54
825 L St., Anchorage, Alaska 99504

*Zaudy, Eleanore C.
Clinical Associate, Pediatrics
1247 Beacon St., Brookline, Mass. 02146

Zavarine, Richard, *Anesthesia* '65
Veterans Administration Hospital, Brockton, Mass. 02401

Zawacki, Bruce E., *Surgery* '67
Kaiser Foundation Hospital, 1362 Cantara St., Panorama City, Calif. 91402

Zeller, John W., *Medicine* '38
272 Oakland St., Wellesley Hills, Mass. 02181

Zervas, Nicholas T., *Neurosurgery* '61
Clinical Associate in Neurosurgery
M.G.H.

Zieper, Irving, *Neurology* '58
L.S.H.

Zifferblatt, Steven M., *Psychology* '70
Stanford University, School of Education, Stanford, Calif. 94305

Zimbler, Seymour, *Orthopedic* '62
B.I.H.

*Zinberg, Norman E.
Attending Psychiatrist (McL)
11 Scott St., Cambridge, Mass. 02138

*Zinninger, George F., *Radiology* '66
Assistant Radiologist
M.G.H.

*Ziskind, Alan E.
Clinical Associate in Pediatrics
84 Leonard St., Belmont, Mass. 02178

*Zisook, Sidney
Assistant Resident in Psychiatry
M.G.H.

Zmyslowski, Walter P., *Anesthesia* '59
28 Marion Ave., Worcester, Mass. 01604

Zuelzer, Wolfgang W., *Children's* '37
Children's Hospital, Detroit, Mich. 48202

Zuidema, George D., *Surgery* '59
Johns Hopkins Hospital, Baltimore, Md. 21205

Zukowski, Henry J., *Anesthesia* '48
Grace Hospital, Detroit, Mich. 48201

Zwerdling, Michael A., *Children's* '64
25 Hacienda Circle, Orinda, Calif. 94563

Geographical List

ALABAMA
Birmingham
Edwards, William S.
Kennedy, B. Hughes
Perley, Abraham I
Pittman, James A., Jr.
Powell, Sam M., Jr.
Huntsville
Goodson, William J., Jr.
Kaufman, Jay H.

ALASKA
Anchorage
Zartman, Harvey F.

ARIZONA
Fort Defiance
Porvaznik, John T., Jr.
Phoenix
Babineau, Jean P.
Bendheim, Otto L.
Bower, Willis H.
Elite, Anthony E.
Haycox, James A.
Sussman, Marcy L.
Wilcox, Roger E.
San Manuel
Findlay, Francis McR.
Springerville
Vial, A. Burgess
Tuscon
Kartchner, Mark M.
Madden, John W.
McNamara, John J.
Miller, William L.
Omer, Joy A.
van Ravenswaay, Arie C.

ARKANSAS
Little Rock
Diner, Wilma J. Canada
Flacke, Joan W.
Haut, Arthur
Thompson, Samuel B.

CALIFORNIA
Aptos
Fowler, Charles B.
Belmont
Neumann, Charlotte G.
Belvedere
Merrill, Bruce R.
Berkeley
Cheney, Marshall C.
Maccabee, Howard D.
Patterson, H. Eugene
Perkins, William A.
Ramcharan, Savitri
Richards, Dexter N., Jr.
Beverly Hills
Ilfeld, Frederick W.
Marcy, Stephan M.
Mathews, Samuel S.
Putnam, Tracy J.
Bishop
Sheldon, David B.
Capistrano Beach
Byrnes, Roy L.
Carmel
Frost, Robert G.
Tileston, Wilder
Chatsworth
Holtz, Albert I.
Chula Vista
Goettsch, Elvira
Concord
Battat, Felix A.
Rothfeld, Leonard J.
Costa Mesa
Owyang, Pauline
Davis
Dreyfus, Pierre M.
Spann, James F.
Downey
Stiles, Claire M.
Duarte
Rosen, Robert B.
Fairfield
Greenberg, Doris M.
Fontana
Papazian, Clement E.
Fresno
T'an, Chung-Chang
Glendale
Billig, Harvey E., Jr.
Granada Hills
Musgrave, Rhoda U.
Greenbrae
Burke, Mervyn F., Jr.
La Canada
Chai, Joyce K. Wong
Laguna Hills
Golden, Ross
La Jolla
Craddock, Charles G., Jr.
Judd, Howard L.
Shean, Frederic C.
Stokes, Joseph, III
Thomas, Arthur D.
Long Beach
Ellery, Sidney W.
Legge, Robert F.
Lynn, John G.
Meister, Lester
Los Angeles
Ackerman, Irving P.
Ayres, Samuel, Jr.
Bell, Carol A.
Boyes, Joseph H.
Cannon, Jack A.
Chaffin, George L.
Chapman, C. Ethelyn
Cozen, Lewis N.
Duncan, Adah M.
Forrester, Deborah M.
Gittes, Ruben F.
Lawrence, John S.
Mason, Earle D.
McKeever, Francis M.
Mills, Lloyd, Jr.
Mudd, Seeley G.
O'Connell, Theodore X.
Pearson, Carl M.
Rose, Augustus S.
Rosen, Victor J., Jr.
Scholl, Albert J.
Shine, Kenneth I.
Solomon, James
Tofield, Joshua J.
Trieger, Norman
Urist, Marshall R.
Warren, Stafford L.
Wilson, John C., Jr.
Los Gatos
Stiff, Donald W.S.
Lynwood
Stiles, Quentin R.
Menlo Park
Montgomery, Orland F.
Veldee, Milton V.
Mill Valley
Layzer, Robert B.
Schupack, Melvyn B.
Modesto

Galbraith, Nicoll F., Jr.
North Hollywood
Stout, Kenneth L.
Novato
Haswell, Howard P.
Oakland
Dunn, Fa-Chi
Ewer, Edward G.
Graeser, James B.
Hunt, Richard T.N.
Larkey, Jefferson
Leeper, Roy W.
McNie, Allan B.
Nesche, George E.
Orski, Barbara M.
Schoen, Edgar J.
Splitoff, Clarence A.
Ojai
Atsatt, Rodney E.
Orinda
Thomas, Robert L.
Zwerdling, Michael A.
Pacific Palisades
Sanders, R. Wyman
Steckel, Richard J.
Palo Alto
Bunker, John P.
Cohn, Roy B.
Diamond, David B.
Hawkins, Ralph L.
Hovsepian, Jeannette A.
Josse, John W.
Klainer, Lawrence M.
Korn, David
Kosek, Margaret S.
Leake, Rosemary D.
Leiderman, P. Herbert
Newell, James W.
Perlstein, George
Tanner, Joseph B.
Pebble Beach
Dewey, Edward B.
Palos Verdes Peninsula
Barrett, Peter Van D.
Nelson, Bruce D.
Panorama City
Zawacki, Bruce E.
Pasadena
Cosby, Richard S.
Dole, Kenneth L.
Gentry, Robert W.
MacLaren, Walter R.
Pomona
Wilcox, John C.
Redwood City
Seltzer, Ronald A.
Soholt, Stanley T.
Sacramento
Horn, Carl E.
San Bernardino
O'Brien, Frederick W., Jr.
San Diego
Arthur, Ransom J.
Brannon, Leland C.
Garrity, Richard W.
Menn, Stuart J.
Peabody, Homer D., Jr.
Riddle, David E.
Schauble, James F.
Williams, Roger A.
San Francisco
Alexander, William
Alston, Edwin F.
Asbury, Arthur K.
Balius, Edward F.
Baringer, J. Richard
Barnett, Charles G.
Bengle, Armand L., Jr.
Bennett, Lillian F.
Cline, John W., Jr.
Dillon, Victor M.
Dresel, Rudolph L.
Duff, Arthur W.
Eaton, S. Boyd
Finlayson, Norris B.
Finley, Knox H.
Fisher, David A.
Fishman, Robert A.
Guarino, Arthur V.
Harrison, Marlow B.
Hartwig, Arthur R.
Jackanich, Richard F.
Jergesen, Floyd H.
Lampert, Nelson R.
Levy, S. William
Makel, Harry P.
Mellinger, George W.
Moffitt, Herbert C., Jr.
Nelson, Clarence E.
Noble, Charles A., Jr.
Pappas, Arthur M.
Perry, John W.
Pillsbury, Philip L.
Quinn, Thomas J., Jr.
Roe, Benson B.
Rosenman, Leonard D.
Rowe, John C.
Rukes, J. Max
Sampson, John J.
Sams, Bruce J., Jr.
Shaw, Edward B.
Shaw, Joseph L.
Smith, Curtis E.
Smith, Lloyd H., Jr.
Starke, Rodman D.
Uyeda, Clifford I.
van Ravenswaay, Theodore
White, Laurens P.
Williams, Hibbard E.
Wilson, Edward H., Jr.
Wohl, Richard H.
A.P.O. San Francisco
Scott, William R.
Soter, Nicholas A.
F.P.O. San Francisco
Nozik, Daniel L.
San Jose
Ahnlund, Nels W.
McCort, James J.
San Luis Obispo
Spangler, Paul E.
San Mateo
Campbell, Charles R.
Hills, Oscar W.
Kenner, Gerald
Key, William A.
Morrison, Gordon M.
Ratcliffe, John W.
San Rafael
Donovan, William B.
Manson, Elizabeth Sprague
Reed, John M.
Santa Barbara
Luikart, Ralph H., II
Tanner, James W.
Veazey, Paul M.
Vitt, Robert P.
Santa Cruz
Blade, William R.
Santa Rosa
Sweat, R. Earle
Springville
Winn, William A.
Stanford
Jackson, Stephen H.
Kennedy, L. James
Schimke, Robert T.
Smith, N. Ty
Soyke, Lester F.
Zifferblatt, Steven M.
Stockton
Barth, Tucker A.
Brewster, Henry H.
West, Weldon W.
Torrance
Cheer, Sheo-Nan
Moyer, Dean LaR.

Truckee
Pier, Gardner
Vallejo
Gibson, George C.
Mead, Sedgewick
Vandenberg Air Force Base
Gold, Howard E.
Ventura
James, William J.
Victorville
Doctoroff, Stephen J.
Walnut Creek
Liu, Ching Tung
Woodland
Ryan, Kevin G.
Thomson, Captaine P.
Woodland Hills
Fang, Harry C.-H.

COLORADO
Boulder
Bedell, Richard F.
McFarland, Robert B.
Colorado Springs
Kempczinski, Richard F.
Denver
Biddinger, John E.
Brown, Robert K.
Carey, Thomas A.
Claman, Henry N.
Cunningham, Thomas D.
Eckhardt, Lloyd O.
Eiseman, Ben
Elrick, Harold E.
Elsey, Edward C., Jr.
Franz, Elmer M.
Hermann, Gilbert
Highbee, Daniel R.
Hughes, Harry C.
Jobe, Merrill C.
Leidholt, John D.
MacMillan, Hugh A., Jr.
Matchett, Foster L.
Mitchel, Duane H.
Nellhaus, Gerard
Organick, Avrum B.
Packard, George B.
Peterson, Edwin W.
Rhine, Mark
Robinson, William A.
Rosenkrantz, Jens G.
Singleton, John W.
Spencer, J. Robert
Taunton, Oscar D.
Toll, Giles D.
Waddell, William R.
Wood, David J.
Littleton
Defalco, Alfred J.
Lunt, Lawrence K.

CONNECTICUT
Bridgeport
Flagg, James A.
Strayer, Luther M., Jr.
Colebrook
Ragland, Stuart, Jr.
Collinsville
Griggs, John B.
Danbury
Fornshell, Robert P.
Sweet, Paul L.
Farmington
Egloff, Frank R.L.
Pike, Maurice M.
Glastonbury
Henry, William B.
Hamden
MacLeod, Gordon K.
Hartford
Bloomberg, Wilfred
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Freymann, John G.
Greene, Gerald S.
Hepburn, Robert H.
Johnson, Paul R.
Katz, Elton Paul
Levine, Philip T
Locke, Harry L.F.
McPherson, Sidney R.
Moloney, David R.
Ogden, Ralph T.
Seigle, Stewart P.
Stolman, Joseph M.
Swett, Elliott B.
Thomas, John B.
Wood, Edwin C.
Manchester
Breet, Robert D.
Meridan
Bowen, Charles R.
Wallace, Edward P.
Milford
Timm, Alexander B., Jr.
New Britain
Bosco, Harold F.
New Canaan
Hiden, Robert B.
New Haven
Abrahamian, H. Arto
Blodgett, Frederic M.
Colwell, Howard S.
Cook, Charles D.
Ewell, John W.
Farmer, Douglas A.
Fuldner, Russell V.
Garren, Leonard
Glenn, William W.L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Hunt, Samuel P.
Kneisel, John J.
Levy, Steven T.
Meigs, J. Wister
Morris, John McL.
O'Connor, Denis S.
Rogers, Orville F.
Schuntermann, Peter P.E.
Smith, Howard W.
Stern, Robert
Whitford, Warren
New London
Barry, Richard M.
Jones, William N.
Norwalk
Gens, John P.
Mulford, Edwin H., II
Sharon
Gevalt, Frederick C. Jr.
Southbury
Harty, John E.
Southington
Bowen, Charles R.
Southport
Harris, H. Patterson, Jr.
Stamford
Healey, James C.
Kraut, Herbert L.
Stratford
Licciardello, Anthony T.
Washington
Tenney, Benjamin
Waterbury
Cole, Clarence H.
Wallingford
Smith, Robert P.
West Hartford
Coley, Mary S.
Klein, Michael D.
Riege, David H.
West Haven

Boger, William P.
Gordon, Philip S.
Woodstock
Forbes, Cecile P.

DELAWARE
Newark
Cutler, Bruce St.J.
Wilmington
Beck, Lawrence H.
Maroney, John W.

DISTRICT OF COLUMBIA
Washington
Albright, Nile L.
Breslow, Alexander
Cantor, Frederick K.
Coleman, Roy M.
DePriest, Oscar S.
Edmonds, Henry W.
Halsted, James A.
Herrmann, John B.
Hurston, Ronald O.
Jessner, Lucie
Kopald, Hugh H.
Koppel, Elizabeth A.
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Paul, John R., Jr.
Randolph, Judson G.
Raphling, David L.
Ruffin, Marshall deG.
Rutman, Joel
Sabin, Hilbert S.
Steenburg, Edmund K.
Tabor, Cecil White
Tobin, William J.
Vidal, Camilo
Watts, James W., II
Wood, William E.

FLORIDA
Boca Raton
Saunders, George M.
Bradenton
McElroy, William D.
Clearwater
Logue, Patrick J.
Coral Gables
Keiser, Robert P.
Webster, Henry deF.
Delray Beach
Howard, Herbert H.
Fort Lauderdale
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainsville
Collins, Goerge H.
DeBusk, Franklin L.
Kuafman, Herbert E.
Lowe, Charles U.
Robbins, John B.
Schiebler, Gerald L.
Jacksonville
Davis, James McC.
Lake City
Stall, Bernard G., III
Lakeland
Fuller, Henry
Lantana
Brock, Benjamin L.
Largo
McDonald, William
Lighthouse Point
Stewart, John D.
Miami
Ackerman, A. Bernard
Ehrenkranz, Nathaniel J.
Justi, Raymond A.
Sanders, Jay H.
Miami Beach
Greenberg, Jack J.
Grossman, Milton S.
Miami Shores
Hoffman, Nancy Davis
Orlando
Broome, Robert A., Jr.
Eliscu, Edward H.
Thompson, Edgar B., III
Ormond Beach
Bullwinkel, Bob
Shedden, William M.
Pensacola
Holmes, S. Grant
St. Petersburg
Baker, William G., Jr.
Miller, Ralph B.
Sarasota
Clement, S. Preston, Jr.
Lewis, Allen S
Vance, Lewis A.
Vance, Robert G.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warington
Graybiel, Ashton

GEORGIA
Athens
Goldsmith, Lauren H.
Talmadge, Sam M.
Atlanta
Brannen, James O.
Buchanan, Thomas M.
Calhoun, F. Phinizy, Jr.
Claiborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H., III
Donnelly, Edwin W.
Ferguson, Ira A., Jr.
Goldberg, Leon I.
Henderson, Brian E.
Isaacs, James P.
Liss, Robert A.
McPhedran, Alexander M.
Tuttle, Elbert P., Jr.
Columbus
Vaughan, Robert H.
Decatur
Bartlett, Walter M.
McFarland, James C.
East Point
Tucker, Robert P.
Fort Benning
Ostheimer, Gerard W.
Fort Gordon
Goudsouzian, Nishan G.
Gainsville
Banks, Rafe, Jr.
Keitt, Alan S.
La Grange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Millhaven
Carlton, Frank E.
Savannah
Brown, F. Bert
Sea Island
Wood, James A.

HAWAII
Honolulu
Dodge, Richard S.
Marvit, Robert C.
Stewart, Steele F.

Straehley, Clifford J., Jr.
Wong, Livingston M.F.
Yee, Lester P.K.

Maui
McGovney, Richard B.

ILLINOIS

Chicago
Anesey, Joan R.
Barsch, John H.
Berlow, Stanley
Braudo, Joseph L.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
DeGroot, Leslie J.
Drachman, David A.
Ferguson, Lloyd A.
Freinkel, Ruth K.
Goulian, Mehran
Howe, Henry F.
Humes, Richard M.
Meyer, Harold I.
Mixter, George, Jr.
Moss, Gerald S.
Nilges, Richard G.
Paul, Oglesby
Pietra, Giuseppe G.
Rabinowitz, Murray
Replogle, Robert L.
Richmond, M. Barrie
Shorey, William D.

Evanston
Bliss, Harry A.

Glencoe
Sloss, Laurence J.

Glenview
Ewald, Frederick C.

Hinsdale
Hall, Buford

Jacksonville
Norbury, Frank B.

LaGrange
Fazioli, Ruth A.

Lake Bluff
Ward, John L.

Lemont
Brues, Austin M.

Urbana
Maynard, Guy B., Jr.

Waukegan
Waldman, Jerome

INDIANA

Anderson
Weiss, Louis L.

Hammond
Peiffer, Geraldine M.

Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Wishard, William N., J

Richmond
Kennedy, Robert P.

IOWA

Cedar Falls
Harden. Lewis B.

Des Moines
Gordon, Arnold M.

Iowa City
Abramson, Maxwell
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.

Oskaloosa
Catterson, LeRoy F.

Waterloo
Bickley, Donald W.

KANSAS

Kansas City
Blubaugh, Sidney A.
Leape, Lucian L., Jr.

Topeka
Sack, Lawrence C.

Wichita
Knapp, M. Robert

KENTUCKY

Ashland
Hutton, John J., Jr.

Harlan
Arrowood, Julia G.
Elliot, Howard L.

Fort Knox
Robboy, Stanley J.

Lexington
Cantor, Harvey E.
Francis, Lewis
Massie, William K.
Pearl, Don C., Jr.
Sandifer, Myron G., Jr
Scott, Thornton
Wheeler, Warren E.

Louisville
Atherton, L. Douglas
Bate, John T.
Bornstein, Allan M.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISIANA

Baton Rouge
Hansen, Robert H.
Madey, Stephen L.

New Orleans
Morris, Harry D.

Shreveport
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE

Auburn
Thacher, Henry C.

Augusta
Stinchfield, Alan J.

Bangor
Brown, Lloyd
Clement, James D., Jr.
Lium, Rolf

Bath
Burden, Charles E.

Brunswick
Macomber, Donald

Cape Elizabeth
Stocks, Joseph F.

Caribou
Collins, H. Douglas

Chebeague Island
Guardo, James L.

Ellsworth
Suyama, Eji

Friendship
Frost, Harold M.

Kittery
Snyder, Monica H.
Snyder, William H., Jr.

Lewiston
Gashgai, Abdollah

Portland
Bidwell, Robinson LeR., II
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Johnson, Oscar R.
Keating, Philip J.
Leonard, Lawrence M.
McDermott, Leo J.
Thaxter, Langdon T.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.

Saco
Stevens, Harold W.

MARYLAND
Baltimore
Becker, Lewis C.
Firminger, Harlan I.
Fitz, William F.
Gay, Leslie N.
Hamilton, Carlos R., Jr.
Harper, David T., Jr.
Heller, R.
Hollander, Joshua
Howard, John E.
James, A. Everette, Jr.
Johnson, Richard T.
King, W. Bradley, Jr.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Murray, Gordon F.
Pachas, Willy N.
Phelps, Winthrop M.
Robinson, Esther H.
Skinner, David B.
Sutherland, George F.
Talalay, Paul
Von Kessler, Kirby L.C.
Walser, Mackenzie
Zuidema, George D.

Bethesda
Asher, David M.
Atkinson, Arthur J., Jr.
Bailey, David W.
Barton, Robert W.
Bilheimer, David W.
Bishop, J. Michael
Blass, John P.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Brown, Michael S.
Brubaker, Richard F.
Burke, Robert E.
Canelos, Goerge P.
Chase, Thomas N.
Collins, Robert C.
Crowell, Robert M.
Dale, David C.
Daniels, Gilbert H.
Daniels, Hadassah S.
Davis, Burnett M.
Davis, John M.
Deuel, Thomas F.
DeVivo, Darryl C.
Ein, Daniel
Ellman, Leonard L.
Engelman, Karl
Fraley, Elwin E.
Gaffney, Thomas E.
Gelb, Lawrence D.
Gelehrter, Thomas D.
Ginsberg, Myron D.
Glass, Andrew C.
Globus, Gordon G.
Glueck, Charles J.
Gotto, Antonio M., Jr.
Grave, Gilman D.
Guss, Stephen B.
Harrington, John T., Jr.
Harting, Donald
Herberman, Ronald B.
Jacobs, Edward E., Jr.
Kark, R.A. Pietre
Langer, Terry
Laster, Leonard
Levine, Frederick H.
Levis, William R.
Levy, Ronald
Lott, Ira T.
Minna, John D.
Meltzer, Monte S.
Mogielnicki, Robert P.
Mudd, S. Harvey
Mullin, Edward M.
Murad, Ferid
Nigra, Thomas P.
Page, David L.
Pellergrino, Michele A.
Pitts, W. Reid
Poletti, Charles E.
Pollard, Thomas D.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Rottenberg, David A.
Sachs, David H.
Sarnoff, Stanley J.
Scolnick, Edward M.
Scott, Richard D.
Simon, Harvey B.
Simon, William H.
Sloane, Robert E.
Smith, Arnold L.
Smith, R. Graham
Smitherman, Thomas C.
Sox, Harold C., Jr.
Stossel, Thomas P.
Strauss, John S.
Strober, Samuel
Sugarbaker, Everett V.
Waldmann, Thomas A.
Weinshilboum, Richard M.
Weiss, Ira W.
Wolff, Jan
Wynne, Lyman C.

Chevy Chase
Bernstein, Stephen B.
Brown, Robert H.
Clapp, Stewart
Goldstein, Joseph L.
Gray, Sheila H.
Varney, Hewitt I.
Edgewood
Duffy, Frank H.
Ellicott City
Molliver, Mark E.
Frederic
Keller, Albert R.
Glen Echo Heights
Leventhal, Brigid G.
Leventhal, Carl M.
Kensington
Cohen, Alfred M.
Patterson, Robert D.
Owing Mills
Greene, D. Crosby, Jr.
Potomac
Hakala, Thomas R.
Rockville
Agus, Saul G.
Epstein, Ervin H., Jr.
Herman, Albert E.
Levey, Gerald S.
Mirkin, Gabriel B.
Omachi, Rodney S.
Pincuz, Theodore P.
Salisbury, Kent W.
Sheagren, John N.
Silver Spring
Waldmann, Katharine S.
Wood, William C.
Takoma Park
Blunden-Morris, Dulcie E.
McGill, Raymond J., Jr.
Towson
Adams, John E.

MASSACHUSETTS
Acton
Boardman, Donnell W.
Agawam
Kopriva, Charles J.
Andover
Buchanan, Douglas

Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walther T.

Arlington
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Smith, Richard H.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.

Bedford
Clifford, M. Henry

Belmont
Agular, Steve G.
Altschule, Mark G.
Aub, Joseph C.
Bendt, Richard H.
Blau, David
Bonier, Richard J.
Bornstein, Irving D.
Borrell, Leo J.
Bouton, Brian
Budson, Richard D.
Busiek, Robert D.
Cain, Arthur J.
Caldwell, Enid
Campbell, Corbett
Christ, Jacob
Churchill, Edward D.
Collins, Mary H.
Craven, N. Scott
Crone, Neil L.
Davidson, Edwin M.
de Marneffe, Francis L.A.
Denovian, John
Dinsmore, Paul R.
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Embree, Larry J.
Feingold, Albert H.
Fern, Donald J.
Fischberg, Bruce W.
Folch-Pi, Jordi
French, Perrin L.
Gonzales, Francisco (Sastre)
Greenberg, Ramon M.
Griffith, David D.
Hauser, George P.
Hermann, Howard T.
Herzberg, Joseph H.
Hess, Helen H.
Holzman, Todd F.
Hopps, Christopher R.
Howard, Paul M.
Hudson, Carlos
Humenansky, Diane Bay
Ingle, David J.
Ise, Carolyn
Isenberg, Philip L.
Jakab, Irene
Jick, Hershel
Julian, Brigitte M.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving
Kazanjian, Varaztad H.
Kelleher, Philip
Kenney, Helen J.
Kershaw, Beatrice R.
Kerzner, Arnold M.
Lees, Marjorie B.
Levine, Matthew E.
Linscheer, Willem
Longabaugh, Richard H.
Maher, Brandan A.
Marks, Alan N.
Mathews, J. Wayne
Menzin, Aaron W.
Meshorer, Edward
Middleton, Charles R.
Miller, Martin A.
Millstein, Philip L.
Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Mols, John M.
Mondale, Jason E.
Peace, John K., Jr.
Perry, Jalna A.
Pope, Alfred
Potter, Lloyd G.
Price, Lloyd F.
Proner, Barry D.
Robbins, Michael D.
Robinson, Phelps M.
Ruzumna, Lawrence
Salomon, Lucy
Sampson, Patsy H.
Schnitzer, Robert D.
Schwartzreich, Edward S.
Semon, Ralph G.
Sens, Richard
Shaw, Daniel
Shein, Harvey M.
Sheinis, Arnold
Sherman, Gwendolyn M.
Simon, Franklin S.
Slone, Dennis
Snider, Marvin
Stambler, Morris
Stanton, Alfred H.
Stauffer, Ruth E.
Stiver, Irene P.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Lawrence A.
Strasburger, Larry H.
Suescum, Alfredo T.
Torop, Paul
Walter, Mark M., Jr.
Washburn, Stephen L.
Weinstock, Robert
Whikehart, David R.
Williams, Harold W., Jr.
Yudowitz, Bernard S.
Zaidenberg, Martha H.
Ziskind, Alan E.

Beverly
Alt, Richard E.
Carbone, Duane F.
Fienberg, Robert
Hewson, James S.
Lamkins, Burnham E.
MacDonald, Alexander S., Jr.
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Sneddon, Ernest A.
Todd, Barnard P.

Boston
Abel, Ronald M.
Abernethy, Robert S.
Abrahams, Saliem
Acher, Aureliu J.
Ackerman, Robert R.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Patricia
Adams, Raymond D.
Akins, Carlton
Akins, Cary W.
Aisenberg, Alan C.
Al-Bazzaz, Faiq J.
Alen, David W.
Allen, Henry F.
Allred, Robert L.
Alonso, Anne W.
Alpers, David H.
Alpert, M. Elliot
Amano, Kazuyoshi
Ames, Adelbert, III
Anders, Terry R.
Anderson, William H.

Andrew, Norman W.
Angell, Franklin L.
Appel, Eugene L.
Armstrong, Paul W.
Arnason, Barry, G.W.
Arndit, Kenneth A.
Aronow, Saul
Aserkoff, Bernard R.
Aster, Richard H.
Astrom, Karl E.
Atkins, Leonard
Atkinson, John P.
Aufranc, Otto E.
Austen, W. Gerald
Autor, Sherry B.
Avruch, Joseph
Axelrod, Lloyd
Babad, Yael E.
Baden, Howard P.
Badger, Theodore L.
Bagshaw, Joseph C.
Bain, Jane
Baker, George P., Jr.
Baker, Mules P.
Baker, William H.
Balboni, Victor G.
Baldessarini, Ross J.
Ballantine, H. Thomas, Jr.
Bandler, Bernard
Banks, Henry H.
Banquet, Jean-Paul
Barker, Robert H.
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin
Barnett, G. Octo
Barr, Joseph S., Jr.
Barrett, John P., Jr.
Barron, Kenneth G.
Barry, Herbert J., Jr.
Bartlett, Marshall K.
Barton, Theodore C.
Bashirelahi, Nasir
Bashir-Farahmand, Joseph
Battit, George E.
Bauman, Margaret L.
Bauman, Roger A.
Bean, Margaret H.
Beck, Clyde H., Jr.
Becker, Karl E., Jr.
Beckman, Edwin
Beecher, Henry K.
Behringer, Glenn E.
Beirholm, Edward A.
Beisaw, Norman E.
Beiser, Morton
Bell, George C.
Belsey, Richard E.
Benedict, Karl T.
Bennett, Michael J.
Bennion, Lynn, Jr.
Benz, Ronald R.
Bercovitch, Lionel G.
Bercu, Barry B.
Berenberg, William
Berger, Jean Pierre
Bernstein, Jerrold G.
Bernstein, Philip
Bianco, Marbella B.
Bice, David E.
Bierbaum, Benjamin E.
Bigelow, Frederick S.
Billote, Juanito B.
Bird, Kenneth T.
Birk, Carl L.
Birnholz, Jasono
Bittar, David A.
Black, Paul H.
Blacker, Edward
Bland, Edward
Bland, Edward F.
Bland, John H.L.
Blank, Irvin
Block, Kurt J.
Block, Peter C.
Bloom, Edward R.
Bode, Hans H.
Boerstling, Herbert
Bohning, Daryl E.
Boland, Arthur L.
Bonar, Lawrence C.
Bondoc, Conrado C.
Boos, Winfried
Borden, Specer, IV
Borer, Jeffrey S.
Bost, Frederic W.
Botstein, Paula M.
Boyd, Robert J.
Braselton, W. Emmett
Brauner, Gary J.
Brendler, Samuel J.
Brendze, Robert B.
Bridges, Charles P.
Briefer, Caesar, Jr.
Brockhurst, Robert J.
Brode, Marvin M.
Broennle, A. Michael, Jr.
Brons, Ronald E.
Brown, Thornton
Brownell, Gordon L.
Brownstein, Carlton S.
Bruner, John N.R.
Bruns, Romaine R.
Bucher, Nancy L.R.
Buckley, Mortimer J., Jr.
Bunting, Douglas, III
Burke, John F.
Burnett, Jean B.
Burnham, Charles A.
Burns, Donald J.W.
Burnside, John W.
Burrage, Walter S.
Burstein, Nelson A.
Burton, Richard I.
Burwell, Lawrence R.
Bush, Richard D.
Bushnell, Leonard S.
Butler, Henry E.
Byers, Randolph K.
Cameron, Fergus M.
Caner, G. Colket
Cannon, Bradford
Cannon, Helen C.
Cantu, Robert C.
Canty, Timothy G.
Caplan, Gerald
Caplan, Louis R.
Carey, Robert W.
Carnes, Harold A.
Carter, Edwin L.
Carter, James R., Jr.
Cass, John W.
Cassem, Edwin H.
Casten, Virgil G.
Castle, William B.
Castleman, Benjamin
Cathou, Renate E.
Caulfield, James B.
Cave, Edwin F.
Caviness, Verne S., Jr.
Cecere, Gerald J.
Cevallos, G., Jose L.
Chafetz, Morris E.
Chandler, Hugh P.
Chapin, David S.
Chapman, Earle M.
Chapman, Paul H.
Chayet, Neil L.
Chelmicka-Kizlich, Ewa E.
Chiu, Thomas L.
Christman, George
Churchill, W. Hallowell
Civan, Mortimer M.
Civetta, Joseph M.
Clifford, Stewart H.
Climent, Carlos F.
Cloherty, John P.

Clouse, Melvin E.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohen, Benjamin E.
Cohen, George L.
Cohen, Jonathan
Cohen, Mandel E.
Cohen, Max H.
Cohen, Richard B.
Cole, Edwin M.
Coleman, David L.
Colman, Robert W.
Colvin, Robert B.
Connelly, John P.
Conners, C. Keith
Constable, John D.
Coons, Albert H.
Cooper, Joel D.
Cope, Oliver
Cope, Stuart
Cori, Carl F.
Cornell, Richard
Cornetta, William J., III
Corning, Howard B.
Corry, Robert J.
Courey, W. Robert
Courtois, Yves G.C.
Crabtree, Harvard H.
Craver, Joe M.
Crawford, Dorothy M.
Crawford, John D.
Creel, Stephen M.
Cronk, Richard V.
Cronkhite, Leonard W., Jr.
Crowley, James P.
Crowley, William F.
Crown, Barry M.
Cserr, Robert
Culp, Lloyd A.
Culver, Perry J.
Curren, Franklin C.
Currens, James H.
Curwen, William L.
Daggett, Willard M., Jr.
Daland, Ernest M.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
Daniels, Ellen P.
d'Autremont, Chester C.
David, John R.
Davidoff, Frank F.
Davidson, Betty A.
Davidson, Gerald E.
Davies, John A.V.
Davis, Nelville J.
Day, Nancy L.
DeFriez, Albert I.C.
Deftos, Leonard J.
Degirolami, Umberto
DeLong, G. Robert
DeLorme, Thomas L.
Demirjian, Zareh N.
Denton, Jane E.
DeSanctis, Roman W.
DeWilde, Herman
Deykin, Daniel
Diamond, David B.
DiBona, Ronald R.
Dienes, Louis L.
Dierker, Louise A.
Dineen, James J.
Dinsmore, Robert E.
Dismukes, William E.
Donaldson, Gordon A.
Donoff, Robert B.
Donavan, Donald D.
Dooling, Elizabeth C.
Doonan, James M.
Dougherty, John D.
Douglas, Adrian P.
Downing, Stephen W.
Dretler, Stephen P.
Dreyfuss, Jack R.
Drop, Lambertus J.
Drysdale, James W.
Duda, Gerhart A.
Dugard, Paul H.
Dunkman, W. Bruce
Durant, Thomas S.
Dvorak, Harold F.
Dwyer, Thomas F.
Dyer, Thomas E.
Eisen, Simon T.
Eisenberg, Leon
Ellis, Daniel S.
Ellis, Lawrence B.
Endee, Charles H.
Engel, Lewis L.
England, Albert C., Jr.
Erdmann, A. John, III
Ervin, Frank R.
Estes, Joseph W.
Evans, Robert E.
Ewald, Frederick C.
Eyre, David R.
Fagenholz, Samuel A.
Falke, Konrad
Farnham, Jack E.
Farquhar, Barbara B.
Faulkner, James M.
Fawsett, Don W.
Federman, Daniel D.
Feingold, Murray
Feinhandler, Sherwin J.
Feldman, Charles L.
Feldman, Joel J.
Ferris, Benjamin G.
Figman, Robert J.
Finck, Albert J.
Fine, Jacob
Fine, Samuel
Finseth, Frederick J.
Finseth, Katherina A.
Fischer, John R.
Fischer, Josef E.
Fisher, C. Miller
Fisk, Samuel H.
FitzHugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Flanagan, Joseph M.
Fleischli, Donald J.
Fleming, T. Corwin
Folkman, M. Judah
Foote, Warren E.
Forbes, Anne P.
Foster, Gerald S.
Fozard, James L.
Frankel, Freddy H.
Franklin, William
Franseen, Clifford C.
Frazier, Howard S.
Freedberg, Harold J.
Friedlich, Allan L.
Fromer, John L.
Furman, Eric B.
Gambill, John D.
Ganz, Robert N.
Gardella, Joseph W.
Gardner, George E.
Gardner, Richard C.
Gardner-Medwin, David
Garfein, Oscar B.
Garg, Hari G.
Garrett, John W.D.
Gauld, A. Gordon
Gavan, David T.
Geffin, Bennie
Geiger, Ronald H.
Gephart, F. Thomas
Gergely, John
Gezon, Horace M.
Gibbs, Richard F.
Gieske, Judith P.
Gilmore, Edward B.
Girey, George J.D.

Glick, Thomas H.
Glicklich, Earl A.
Glimcher, Melvin J.
Glotzer, Donald
Glueck, Michael A.
Godleski, John J.
Gold, Herman K.
Goldberg, Alan H.
Goldberg, Michael J.
Goldblatt, Allan
Goldfein, Michael L.
Goldfinger, Stephen E.
Goldmann, Donald A.
Goldstein, Gary S.
Goodman, Max L.
Gouveia, William A.
Grand, Richard J.
Green, Thomas H., Jr.
Green, William T., Jr.
Greenberg, Martin H.
Greenes, Robert A.
Greenleaf, David T.
Greenwald, Michael A.
Griesemer, Robert D.
Griffith, Donald P.
Grillo, Hermes C.
Griscom, Nathan T.
Gross, Jerome
Grossman, Jerome H.
Grove-Rasmussen, Morten
Grover, John W.
Guggenheim, Frederick G.
Guralnick, Walter C.
Guthrie, Andrew D., Jr.
Haas, Melvyn L.
Habener, Joel F.
Haber, Edgar
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Hammond, M. Elisabeth H.
Han, Man Chung
Harford, Thomas C.
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Harper, Elvin
Harris, William H.
Harrison, Michael R.
Harthorne, J. Warren
Harwood, Reed
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Hatfield, Philip M.
Hattori, Miromichi
Hawes, Lloyd E.
Hayden, E. Parker
Hayden, Jay G.
Hayek, Alberto
Haynes, Harley A.
Head, John M.
Hedberg, Stephen E.
Hedley-Whyte, John
Hendren, W. Hardy
Hendrick, Ives
Henneman, Elwood
Herbst, Arthur L.
Herrin, John T.
Herskovits, Joseph J.
Hughberger, John H.
Hildebrand, Zonda J.M.
Hilgenberg, Alan D.
Hill, William R., Jr.
Hirotani, Hayato
Hirsch, Martin S.
Hirshfield, Irvin N.
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Hopkins, Cyrus C.
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House, James M.
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Howell, Stephen B.
Howland, John S.
Huber, William M.
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Hur, Su-Ryong
Hurxthal, Lewis M.
Hussey, Robert W.
Hutcheson, Bellenden R.
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Hutter, Adolph M., Jr.
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Hyslop, Newton E., Jr.
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Imbembo, Anthony L.
Ingersoll, Francis M.
Irwin, John W.
Iskandar, Adly H.
Isselbacher, Kurt J.
Jacobson, Bernard M.
Jacobson, Gary
Jacoby, George A., Jr.
Jacoby, Lee B.
Jang, Geun C.
Jarratt, Michael T.
Jarrett, Frederic
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Jayasankar, Subramanyan
Jeanloz, Roger W.
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Jones, Chester M.
Jones, W. Norman
Joplin, Robert J.
Joseph, John B.
Kaban, Leonard B.
Kadish, Sidney P.
Kahan, Barry D.
Kaiser, John S.
Kalckar, Barbara E.
Kalckar, Herman M.
Kaloustian, Harry D.
Kameny, Stuart M.
Kandall, Carol A.
Kane, Lewis W.
Kang, Andrew H.
Kanyereji, Bwogi R.
Kaplan, Joan C.
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Karian, Edward
Karobath, Manfred E.A.
Katz, Allan M.
Katzman, Richard L.
Kazanjian, Kenneth A.
Kazemi, Homayoun
Keenan, M. Edward
Keenan, Thomas J.
Keller, John W.
Keller, Robert B.
Kelley, Rita M.
Kelley, Zylvester B.
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Kerr, Walter S., Jr.
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Keutmann, Henry T.
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Kishimoto, Yasuo
Kite, Owen W.
Kitz, Richard J.
Kjellberg, Raymond N.
Kliman, Bernard
Knapp, Peter H.
Knowles, John H.
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Koch-Weser, Jan
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Kohn, Henry I.
Kolodny, Gerald M.
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Kozol, Harry L.
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Krauss, Kenneth R.
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Kumpe, David A.
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Kurtz, Donald J.
Lable, Ira
Ladaga, Luciano G.
Lamdin, Suzanne J.
Lamont, John H.
Land, Richard E.
Lane Brown, Malcolm M.
Langston, Charles S.
Lapey, Allen
Lappas, Demetrios G.
Laver, Myron B.
Lavorgna, John J.
Lawrence, Michael
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Lazare, Aaron
Leadbetter, Wyland F.
Leaf, Alexander
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Lederman, Richard J.
Lee, Michael J.
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Leibel, Rudolph L.
Leibovich, Miguel A.
Leinbach, Robert C.
Lelos, David
Lerman, Jacob
Leskowitz, Sidney
Lever, Walter F.
Levin, Victor A.
Levine, Barry W.
Levine, Herbert J.
Levine, Melvyn B.
Levovsky, Louis B.
Levy, Bernard S.
Levy, Harvey L.
Lew, Michael A.
Lewis, Michael B.
Lichtenstein, Norman S.
Liebowitz, Stanley
Lilienfeld, Semon M.
Lincoln, Robert C.
Lindenbaum, Barrie L.
Linekin, Arthur J.
Lipinski, Joseph F.
Lipworth, Leslie
Lithwick, Norton H.
Little, John B.
Littlefield, John W.
Litwin, S. Bertrand
Livesay, Richard W.
Lombroso, Cesare T.
Lorenz, Maria
Lowell, Francis C.
Lowell, J. Drennan
Lowenstein, Edward
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Ludwig, Alfred O.
Lupien, Gordon F.
Mabrey, Roy E.
MacAusland, William R., Jr.
MacDougal, Bruce A.
Mack, John E.
Mackay, Harry A.
Mackay, Malcolm
MacMillan, Alexander S., Jr.
Malamud, Daniel F.
Malone, Lawrence J.
Maloof, Farahe
Malt, Ronald A.
Mann, Walter
Mannik, John A.
Mansfield, Peter B.
Marble, Alexander
Marcus, Saul M.
Margolies, Michael N.
Marier, Robert L.
Mark, Eugene J.
Mark, Vernon H.
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Martin, Donald B.
Mason, Edward A.
Masters, Richard
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Mathewson, Herbert O.
Mathieu, Alix
Matta, Raymond J.
Mattysse, Steven W.
May, James W., Jr.
Mayman, Chaim I.
Maynard, Edwin P., III
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Mayo, Richard A.
McAlpine, Frederick S.
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McCormack, Geraldine A.
McCormack, William M.
McCullough, David L.
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McLaughlin, Ambrose P., III
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Medrek, Theodore F.
Merminod, Andre E.
Messner, Edward
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Micheli, Lyle J.
Michelsen, Jost J.
Millender, Lewis H.
Miller, Cynthia A.
Miller, Lawrence M.
Mills, John A.
Mills, Lawrence J.
Milunsky, Aubrey
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Minette, Lawrence J.
Ming, Si-Chun
Mixter, Charles G., III
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Moellering, Robert C., Jr.
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Monaco, Anthony P.
Monchik, Jack M.
Moncure, Ashby C.
Moolton, Frederick L.
Moore, Francis D.
Moore, Michael J.
Morris, Roger H.
Morrissy, Raymond T.
Moser, Hugo W.
Muckenhausen, Christa U.
Mueller, Harry L.
Mukherjee, Mukunda D.
Mullin, Charles S.
Mundth, Eldred D.
Murphy, Alvin E., Jr.
Murphy, Michael D.
Murphy, Raymond L.H.

Murphy, William F.
Murray, Albert E.
Murray, Joseph E.
Murray, Michael
Murray, Timothy M.
Myers, Gordon S.
Myers, Harvey A.P.
Myers, Richard S.
Nadas, Alexander S.
Nakamura, Hiroyuki
Nalebuff, Edward A.
Nardi, George L.
Nathan, Louis
Nebesar, Robert A.
Neer, Robert M.
Neiberg, Norman A.
Nelson, Michael M.
Nemiah, John C.
Neuhauser, Edward B.D.
New, Paul F.J.
Newell, John L.
Newhouse, Jeffrey H.
Nial, Hugh D.
Nickman, Steven L.
Nielsen, Surl L.
Ninomiya, Setsuo
Noble, John J., Jr.
Norcorss, John W.
Noss, George M.
O'Connell, Theodore X.
O'Connor, Joseph R.F.
Oh, Kook S.
Oh, Won Hwan
O'Hara, Donald S.
Ojemann, Robert G.
O'Keefe, Dennis D.
Okun, Milton R.
Oliver, Normand E.
O'Malley, John E.
Onwukwe, Mbe Felix
Oparil, Suzanne
Orr, James C.
Osgood, Patricia W.
O'Shea, Kathleen T.
Osmond, John D., III
Ottinger, Leslie W.
Ouellette, Eileen M.
Owens, William D.
Ozdemir, Coskum
Pajari, Karen L.
Palmer, Robert S.
Pantazelos, Hytho H.
Papas, Arthur N.
Parker, Stephen W.
Parkhurst, Edward C.
Parks, Joe M.
Parrish, John A.
Parsons, Edward F.
Parsons, Langdon
Patel, Dineshkumar G.
Pathak, Madhukar A.
Pauker, Stephen G.
Pearlman, Alan L.
Peebles, Richard R.
Peebles, Thomas C.
Pendergrass, Henry P.
Perlo, Vincent P.
Peters, James I.
Pfister, Richard C.
Phillips, Anne W.
Phillips, Edgar B., III
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Pikula, John V.
Pinn, Vivian W.
Pinnell, Sheldon R.
Pizer, Stephen M.
Plank, Charles R.
Plate, Janet M.
Poitras, James W.
Polansky, Burton J.
Poletti, Charles E.
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Pollard, James J.
Pollard, John T., Jr.
Pollen, Daniel A.
Pontopidan, Henning
Porter, Huntington
Poskanzer, David C.
Poss, Robert I.
Potts, John T.
Poussaint, Alvin F.
Powell, David A.
Powell, William J., Jr.
Pozatek, Zigmunt W.
Pratt, Theodore C.
Prescott, Richmond
Prescott, William G.
Price, H. Donald
Prien, Edwin L., Jr.
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Putschar, Walter G.J.
Quinby, John T.
Quinby, William C., Jr.
Rabe, Edward F.
Rabkin, Mitchell T.
Rackemann, Francis M.
Radin, Eric L.
Raggatt, Peter R.
Ragsdale, Bruce D.
Raker, John W.
Ramirez-Lassepas, Manuel
Randerath, Erika E.
Randerath, Kurt
Rapin, Annette M.C.
Ray, Barbara A.
Re, Richard N.
Ream, John R., Jr.
Record, Eugene E.
Redd, William H.
Reid, Duncan E.
Reiser, Stanley J.
Remensnyder, John P., Jr.
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Reyerbach, Gertrud C.
Riccardi, Vincent M.
Rice, Jack O.
Rice, Marian J.
Richardson, Edward P.
Richardson, George S.
Richter, Howard A.
Rider, Robert F.
Ridgway, E. Chester
Rieder, Sidney V.
Ring, Robert, III
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Robbins, Laurence L.
Roberts, James T.
Robertson, Charles W.
Robey, John S.
Robinson, Dwight R.
Robinson, John C.
Rock, John
Rodkey, Grant V.
Rogers, Mark C.
Rogers, William P., Jr.
Roman, D. Garry
Ropes, Marian W.
Rose, Stanley M.
Rosenberg, Chaim M.
Rosenberg, Earle H.
Rosenberg, Irwin H.
Rosenberg, Robert D.
Rosenberger, Peter B.B.
Rosenthal, Leonard J.
Roser, Steven M.
Roth, A. David
Roth, Sanford I.
Rothmeier, Jeffrey J.
Rothschild, Gerard H.
Rothschild, Henry
Rowbotham, John L.
Rowe, Carter R.
Rowland, Christopher Van A., Jr.
Rubenstein, Joel J.
Rudnick, Jeffrey P.

Ruiz-Ortiz, Francisco A.
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rutstein, David D.
Ryan, James J.
Ryan, John A., Jr.
Ryan, John F.
St. Aubin, Paul M.G.
St. Goar, Walter T.
Sakamoto, Masako
Sakamoto, Siezaburo
Salam, Maria V.Z.
Salib, Philip I.
Salvesen, Lawrence C.
Salzman, Edwin W.
Sanchez, Guillermo C.
Sanders, Charles A.
Sandler, Allan I.
Sanford, Barbara H.
Satin, David G.
Sato, Koki
Scannell, J. Gordon
Schantz, Arthur S.
Schapiro, Robert H.
Schaumberg, Herbert H.
Scheuplein, Robert
Schiller, Alan L.
Schmidek, Henry H.H.
Schmidt-Nowara, Wolfgang W.
Schulman, Charles L.
Schulz, Milford D.
Schuster, Samuel R.
Schwab, Robert S.
Scott, Jesse F.
Scott, R. Michael
Scully, Robert E.
Seals, John R.
Sears, John B.
Seldin, Edward B.
Selinger, Samuel L.
Sellers, Edward M.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Severson, Larry J.
Seyer, Jerome M.
Shangraw, Keith A.
Shannon, Daniel C.
Shapiro, Samuel
Sharp, Geoffrey W.G.
Shattuck, George C.
Shea, Cornelius J.
Shea, Thomas E.
Sheldon, Charles P.
Shields, Lawrence T.
Shih, Vivian
Shirazi, Manoucher S.
Shore, Neil S.
Short, Charles L.
Showalter, Henry B., Jr.
Sidman, Murray
Siegert, Herbert C.
Sifneos, Peter E.
Simon, Sheldon
Sinesi, Sabino J.
Singer, Frederick R.
Singer, Kenneth M.
Sisson, John H.
Skinner, Donald G.
Skinner, James C.
Skinner, Mary D.
Sledge, Clement B.
Sleeper, Edward L.
Slesinski, Ronald S.
Sloane, Robert E.
Smedley, Lois M.
Smith, Charles M.
Smith, Gene M.
Smith, Richard M.
Smith, Robert S.
Smith, Thomas W.
Smith-Petersen, Morten
Smithwick, Reginald H.
Snodgrass, Samuel R.
Snyder, John C.
Sohier, W. Davies, Jr.
Solomon, Earl G.
Solomon, Harry C.
Solorzano, Oscar
Soloway, Albert H.
Soper, Michael R.
Sosman, John L.
Spangler, Arthur J.
Spear, Louis M.
Speare, George S.
Spector, Alan R.
Spellman, John W.
Spillane, John B.
Spinelli, Ralph W.
Squires, Homer J.
Stathakos, Dimistri
Stavrolpoulos, Athena
Stempein, J. Henry
Stephenson, Mary L.
Stetson, Richard P.
Stewart, Richard R.
Stewart, Thomas D.
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Strieder, Denise J.
Strole, William E., Jr.
Sturgis, Somers H.
Suby, Howard I.
Sun, Edward R.
Sundaram, Pennathur
Surman, Owen S.
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Suzuki, Hiroshi
Swan, Charles L., Jr.
Swartz, Jacob H.
Swartz, Morton N.
Sweet, Roger H.
Sweet, William H.
Szabo, George
Szyfelbejn, Stanislaw
Taft, Edgar B.
Taft, Priscilla D.
Talamo, Richard C.
Talbot, Nathan B.
Tanaka, Kay
Tarlov, Edward
Tefft, Melvin
Temeriusz, Andrzej C.
Thach, William T., Jr.
Thenen, Shirley W.
Thibault, George E.
Tilley, Robert F.
Toda, Kiyoshi
Todd, Donald P.
Tolkoff, Nina E.
Tolman, E. Laurie
Tolman, Maurice M.
Tomchik, Frederick S.
Toole, Bryan P.
Touchette, Paul E.
Trachtenberg, Howard A.
Trachtenberg, Michael C.
Tracy, David M.
Tregear, Geoffrey W.
Trelstad, Robert L.
Trevett, Laurence D.
Trichet, Bernadette
Trowbridge, Frederick L.
Truman, John T.
Tucker, Walter I.
Ulfelder, Howard
Umlas, Joel
Vancura, Pavel
Vander Salm, Thomas J.
Vanderveen, James L.
Vasquez-Amory, Ernesto
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Volpe, Joseph J.
Waitzkin, Evelyn D.
Walker, William A.
Wallace, James W.

Walzer, Sarita G.
Wang, Chiu-an
Warren, Christopher D.
Warren, Richard
Warshaw, Andrew L.
Warshaw, Joseph B.
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Waugh, Nancy
Weber, Alfred L.
Webster, Edward W.
Wedrow, Earl M.
Weinberg, Arnold N.
Weiner, Milton A.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinger, Jesse M.
Weinstein, Louis
Weintraub, Ronald M.
Weiser, Milton M.
Weisfeldt, Myron L.
Weisman, Avery D.
Weiss, Alfred D.
Welch, Claude E.
Welch, John P.
Wells, Lionelle D.
Wepsic, James G.
Werner, Thomas C.
Wesley, John R.
Westerfield, Larry H.
Wheeler, Edwin O.
Wheeler, William F., Jr.
Wheelock, Frank C., Jr.
White, Alan F.
White, James C.
White, Paul D.
Whiting, Richard G.
Whitlow, Dennis R.
Wilensky, Samuel
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Willerson, James T.
Williams, Christine L.
Williams, Conger
Williams, J. Richard
Williams, Vernon P.
Williams, Willis H.
Winkler, Gerald F.
Winn, Henry J.
Wipfelder, Rosemarie
Wirthlin, LeRoy S.
Wolf, Irving
Wolpow, Edward R.
Woo, Sybil Wong
Woodruff, Lorande M.
Woods, Bryan T.
Worden, J. William
Wyman, Edwin T., Jr.
Yakovlev, Paul I.
Yankauer, Alfred
Yett, Harris S.
Yokoyama, Mitsuo M.
Yoshikawa, Hideyasu
Young, D. Michael
Young, Hugh H., II
Young, Robert R.
Yurchak, Peter M.
Zacest, Rudolf
Zacharias, Leona
Zamcheck, Norman
Zamecnik, Paul C.
Zervas, Nicholas T.
Zimbler, Seymour
Zinninger, George F.

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
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Lindemann, Erich
Morley, Helen R.
O'Brien, Richard G.

Brockton
Baker, Edward P., Jr.
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Dickersin, G. Richard
Duncombe, Alfred L.
Potsaid, Majic S.
Sidorowicz, Antonina J.
Togut, Allen J.
Zavarine, Richard

Brookline
Barsh, Laurence I.
Beuscher, William F.
Bogoch, Samuel
Brownsberger, Carl N.
Burgin, Leo B.
Chalpin, George
Chute, Richard
Cline, Herbert S.
Cohen, M. Michael
Darling, R. Clement
Derow, Harry A.
Doonan, James M.
Esmiol, Pattison
Faxon, Henry H.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Holland, Daniel J., Jr.
Hormell, Robert S.
Kahana, Eda M.
Kris, Kathryn Beck
Levin, Sidney
Linton, Robert R.
MacAusland, Andrew R.
Mittel, Neuman S.
Mushatt, Cecil
Peters, John H.
Potter, Maxwell G.
Prather, George C.
Quarton, Gardner C.
Rhodes, Frank I.
Schatzki, Richard
Schatzki, Stefan C.
Sisson, Warren R.
Smith, Judson A.
Sperber, Michael A.
Sturgis, George P.
Surls, Joseph K.
Thomas, William H.
Towne, John W.
Villee, Dorothy B.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville
Angley, John C.

Buzzards Bay
Derow, Sidney

Cambridge
Ackroyd, Frederick W.
Aeschliman, Barbara L.
Anliker, James E.
Balch, Franklin G., Jr.
Bell, Eugene
Benda, Clemens
Binger, Carl A.L.
Bock, Arlie V.
Brazelton, T. Berry
Cannon, Helen C.
Carter, Franklin
Carter, George H.
Catlin, Randolph, Jr.
Coles, Martin R.
Coolidge, John C.
Damon, Albert
Decker, Briant L.
Deutsch, Helene
Dexter, Chester J.
Dreier, Theodore, Jr.

Eisenberg, Carola B.
Evans, Robley D.
Everett, Henry C., III
Farnsworth, Dana L.
Field, Mark G.
Floyd, Cleveland
Frank, Thomas
Gordon, John E.
Grunebaum, Henry U.
Hardy, Harriet L.
Homans, John, Jr.
Hubbard, Eliot, Jr.
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Koumans, Alfred J.R.
Lees, Robert S.
Levey, Bernard
Linnell, Zenos M.
Lorch, Stephen
Mann, Robert W.
Manson, James G.
Matovinovic, Josip
Matz, Myron H.
Means, Paul H.
Merrill, Edward W.
Miller, Elliott V.
Moses, John M.
Palmer, Don
Paul, Igor L.
Pechet, Maurice M.
Pierce, Chester M.
Point, W. Warren
Porter, Philip J.
Postel, Sholem
Price, Donald L.
Reid, Elizabeth Aub
Reinhold, Vernon N.
Richie, Robert H., Jr.
Rosales, Remedios K.
Ross, Ralph A.
Sharpe, William. Jr.
Sprague, Howard B.
Stanbury, John B.
Stone, Alan A.
Tingey, William H., Jr.
Toll, Karel van Syckel
Townsend, James H.
Wacks, Jerry
Weinberg, Arnold N.
Weinberger, Jerome L.
Weiss, Ruth S.
Wohl, Martin J.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zetzel, Elizabeth R.
Zinberg, Norman E.

Carlisle
Haendel, Frank

Charlestown
Allukian, Myron, Jr.
Connelly, John P.
Dyer, Edward C.
Leet, Robert K.
Moore, Gordon T.
Murphy, Joseph T.
Sachs, Benjamin
Sack, William H.
Simmons, Alvin

Chelsea
Akin, Richard W.
Gibson, James M.
Kleve, Roger A.

Chesnut Hill
Benedict, Edward B.
Benedict, Patricia H.
Daniels, Edward M.
Garland, Joseph
Hodgson, John S.
Hoeffel, Gerald N.
Ladaga, Luciano G.
Livingstone, John B.
Lund, Charles C.
Simon, Harold
Thorndike, Augustus
Wermer, Olga S.

Cohasset
Morse, George W.
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Fay, Gardner F.
Ginandes, Shepard C.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Hoover, Terrence D.
Keuper, Charles S.
McDonald, Francis C.
Norton, Paul L.
Reynolds, Stephen L.
Strickler, William L.
Toomey, Edward G.
Whitfield, Thomas J., III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Jones, Wallace A.
McNickle, Ian G.
Patton, Anthony S.
Stachiewicz, Danuta M.
Thornton, Clarence E.

Dedham
Osborne, Robert K.
Putnam, Henry M.
Rectanus, Daniel R.
Sweetnam, Goerge H.

Dorchester
Dempsey, Peter A.
Murphy, John D.
Paolitto, Frank J.

Dover
Clowes, Goerge H.A., Jr.
Santoro, Benjamin T.

Duxbury
Fowler, Dwight M.
Phillips, Frederic J.

East Falmouth
Steel, David

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Miller, Abbott R.
Spencer, Jack

Falmouth
Bixby, H. Irving
Sowles, Horace K.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Senghas, Richard E.

Gardner
McPeak, Clarence N.

Gloucester
Kline, Robert M.
Rosenberg, Bruce M.

Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Harwich Port
Hoyt, W. Fenn
Harvard
Riccardi, Vincent M.
Wolterbeek, Jacob C.
Hingham
Eldredge, LeRoy L., Jr.
Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Mahoney, Stephen A., Jr.
Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.
Hyde Park
Schmitt, E. William, Jr.
Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Dickson, William A.
Dwight, Richard W.
Edsall, Geoffrey
Ewald, Frederick C.
Graham, John R.
Levene, Martin B.
Lloyd, John B.
Luongo, Michael A.
Shapiro, Samuel
Solarzano, Oscar
Timberlake, William H.
Turner, Roderick H.
Zieper, Irving
Lawrence
Fowler, Joseph W., III
Holihan, Joseph P.
O'Shea, James A.
Rosen, Neville
Leominster
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Cosgrove, William L.
Friedman, Leonard J.
Joseph, Alfred T.
Petersen, James A.
Lincoln
Abbott, John A.
Keevil, Charles S., Jr.
Murphy, Ruth
Longmeadow
Huston, Lewis L.
Lewis, James
Plotkin, Leonard H.
Lowell
Grant, George J.M.
Letsou, Vasilios G.
Lynn
Agranat, Barry J.
Coletta, Cesare G.
Connolly, Thomas F.
Cooperman, Sheldon
Herpfer, Guenther E.
O'Keefe, Edward S.
Sarris, Spiros P.
Simons, Laurence A.
Slater, Eliot M.
Taggart, F. Howard, Jr.
Lynnfield
Newhall, Harvey F.
Malden
Bennett, Doris R.
Bennett, Warren
Garrey, Walter E.
Scanlon, John W.
Manchester
Fremont-Smith, Maurice
Marblehead
d'Elseaux, Frank C.
Goldfein, Michael L.
Hopkins, Stanford W.
Kimball, Peter G.
Mattapoisett
Empson, Dora R.
Melrose
Glines, George A.
Osgood, Herman A.
Rich, James
Thorp, Edward G.
Watson, Richard H.
Milton
Driscoll, Robert A.
McGrath, Edward F.
O'Keeffe, Arthur F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina
Natick
Cohen, John M.
Hanelin, Joseph
Needham
Goldman, Gerald C.
Jackson, Henry, Jr.
Vanderpol, Maurice
New Bedford
Lewis, Emory O.
Tripp, Curtis C.
Newburyport
Bullard, Carlton W.
Newton
Adler, Morris H.
Cion, Maurice C.
Cope, Stuart
Dierks, Marianne
Hoffer, Alex
Kayce, Melvin M.
May, George A., Jr.
McDonnell, Nancy J.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.
Silverman, Samuel
Newton Highlands
Brailey, Allen G.
Newton Lower Falls
Garcelon, Gerald G.
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.
Newtonville,
Thoma, Kurt H.
Norfolk
Yatsuhashi, Masao
North Adams
Urmy, Thomas Van O.
Northampton
Averill, James H.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
Norwell
Kearsley, Richard B.
Mayo, Richard A.
Norwood
Schottstaedt, Edwin S.

Oak Bluffs
Claydon, Charles T.
Peabody
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.

Plymouth
Haggart, G. Edmund
Hamilton, Harold H.
Pocasset
Sanborn, Frederick
Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David
Young, Eliot
Randolph
Moore, Robert F.
Reading
O'Connor, Harrison
Rockport
Heath, Clark W.
Roslindale
Linenthal, Arthur J.
Roxbury
Gates, Philip H.
Salem
Brennan, Charles G.
Conway, Richard E.
Kaulbach, Maximiliaan G.
Lowd, Harry M., Jr.
Phippen, Walter G.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Thompson, Richard H.
Winer, Richard A.
Scituate
Joseph, John B.
South Dartmouth
Hamlin, Edward, Jr.
Higgins, Robert B.
South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.
South Hamilton
Bacon, William B.
South Sudbury
Adelson, William J.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Carson, Parker C.
Derby, Joseph P.
Derrick, Charles C.
Franseen, Elmer F.
Hayes, Donald R.
Hopkins, Frederick S.
Williams, David W.
Zacarian, Setrag A.
Stockbridge
Kimberly, Charles H.
Stoneham
Mueller, H. Peter
Stoughton
Sullivan, William H.
Sudbury
Johnson, F. George
Swampscott
Mayo, Frederick B.
Miller, Carroll C.
Vineyard Haven
Butler, Allan M.
Waban
Beuscher, Ruth B.
Gallagher, Francis P.
Green, Sidney
Olin, Harry S.
Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Ferrucci, Joseph T.
Rosenthal, Murray K.
Waltham
Barber, Doris E.
Edelstein, Leon M.
Haessler, Herbert A.
Hardy, Irad B.
Holmes, Joseph A.
Kanfer, Julian N.
Kety, Josephine G.
Lewis, Joseph L.
Mixter, Charles G., Jr.
Rajaramalingam, Sundararajan
Raynes, Norma V.
Saffer, S. David
Shulman, Leonard B.
Simmel, Marianne L.
Van Nuys, Fresenius
Wareham
Lincoln, James R.
Wayland
Leff, Robert F.
Parsons, David W.
Waldron, Robert L., II
Yellen, Martin
Wellesley
Aufranc, St. George T.
Flanagan, Norris B.
O'Connell, Francis D.
O'Sullivan, Renee B.
Wellesley Hills
Bell, George O.
Bragg, Robert L.
Brenner, Joseph H.
Gill, Peter Lawrence
Gray, Basil C.
Leake, Donald L.
Morrison, Harvey R.
Parker, Jack S.
Pfeffer, William, Jr.
Reidy, John A.
Zeller, John W.
Wenham
Rogers, Daniel M.
West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.
West Falmouth
Faxon, Nathaniel W.
West Harwich
Carney, Henry J.
West Newton
Berezin, Martin A.
Jenney, Peter B.
Weston
Choras, Peter T.
Clark, John G., Jr.
Moreton, John R.
Rolde, Alexandra
Swan, Channing S.
Trivus, Robert H.
West Roxbury
Littmann, David
McCaughan, Donald
McGovern, Joseph J.M., Jr.
Sasahara, Arthur A.
Westwood
Taylor, John B.
Williamstown
Reynolds, George S.
Winchester
Annino, Donald J.
Clark, Richard J.
Harris, Eddie H.
Kaufmann, Gustav G.
Kermond, William L.
Marks, George A.
Rendall, Edward S.
Woburn
McKenzie, Wilfred L.
Worcester
Burrow, Jarrel G.
Carmody, John T.B.
Damiani, C. Robert
Duggan, John A.

Harper, Robert S.
Howard, Philip J., Jr.
James, Lewis P., Jr.
Janower, Murray L.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Murray, Albert E.
Myler, Richard K.
Oakley, Joseph C.
Soutter, Lamar
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

Yarmouthport
Anderson, Elroy E.

MICHIGAN

Ann Arbor
Bishop, Ronald C.
DeLong, W. Bradford
Smillie, John W.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Esslinger, John O.
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Detroit
Arnstein, A. Robert
Blodgett, William H.
Comly, Hunter H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N. Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Pointe Woods
Krickstein, Herbert I.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Livonia
Larson, Ronald R.

Saranac
Faust, Lawrence W.

MINNESOTA

Minneapolis
Croll, Diane
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
Maruyama, Yosh
McKhann, Charles F.
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang

Rochester
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.

St. Paul
Larkin, John E., Jr.

MISSISSIPPI

Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI

Kansas City
Dann, David S.
Dennie, Charles C.
Lilly, Terry E., Jr.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

St. Joseph
McDaniel, John R.
Riddell, Richard V.

Kirkwood
Gaston, Lamont W.

St. Louis
Alpers, David H.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Feigin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Jamison, Rex L.
Lehman, Ralph A.W.
Lytton, William B.
Majerus, Philip W.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Prensky, Arthur L.
Robins, Eli
Stephens, William A.
Strauss, Arthur E.
Vagelos, Pindaros R.
Waltman, Stephen R.

Trenton
Fuson, W. Arthur

NEBRASKA

Omaha
Bisgard, James D.
Luikart, Ralph H.
Owen, Pere A.

NEVADA

Reno
Cantlon, Edwin L.
Cantlon, J. Vernon

NEW HAMPSHIRE

Concord
Mintz, E. Ross

Dover
Wilson, Robert F.

Dublin
Meath, James A.

Exeter
Curtin, Richard R.
Heyl, James T.

Greenville
Hitchcock, James

Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Harris, Edward D., Jr.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Staples, O. Sherwin, Jr.
Sycamore, Leslie K.

Jaffrey Center
Millard, D. Glynn

Keene
Ash, Homer L.
Gregory, Harold E.
Laconia
Baker, William L.
Manchester
Bienvenu, Lester J.
Colokathis, Paul P.
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.
Nashua
Sturdevant, Charles L.
Newbury
Fish, James E.
New London
Beaman, George B.
North Conway
Pippitt, Richard B.
Orford
Hall, Marshall G.
Peterborough
Watkins, Arthur L.
Portsmouth
Piper, Edmund L.
Sunapee
Dickson, Carol C.

NEW JERSEY
Bloomfield
Hobson, Lawrence B.
Boonton
Ward, Albert J.
Elizabeth
Gorman, Rosemary V.
Englewood Cliffs
Roberts, Charles D.
Glen Ridge
D'Alessandro, Genesio L.
Hightstown
Munro, Jeannette
Madison
Diehl, Sylvia Davies
Monmouth Beach
Brewster, William R., Jr.
Montclair
Greene, Robert G.
Newark
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.
Paterson
Sporer, Edita S.
Van Eerde, Albert
Pittsford
Moore, William R.
Princeton
Dalrymple, Willard
Levey, Raphael H.
Rothberg, Harvey D., Jr.
Short Hills
Willetts, Arthur T.
Shrewsbury
Judd, Alvan B.
South River
Urbaniak, Henry S., Jr.
Springfield
Wosnitzer, Morey
Trenton
Rosenthal, Albert L.
Washington
Horwitz, William H.
Willingboro
Molind, Samuel E.

NEW MEXICO
Albuquerque
Adler, Scott
Cihak, Robert J.
Gold, Gerald N.
Kinney, Robert J.
Mora, Federico
Parnall, Edward
Williams, Ralph C., Jr.
Los Alamos
Grier, Robert S.
Shipman, Thomas L.

NEW YORK
A.P.O. New York
Dunbar, Ronald W.
Mason, John W.
Prieto, Alberto, Jr.
Walker, Michael J.
Albany
Holt, William L., Jr.
Thomas, Wilbur A.
Traver, Clarence A.
Ardsley
Oronsky, Arnold L.
Bath
Traver, Ralph F.
Bronx
Abramowicz, Mark
Barondes, Samuel H.
Birger, Daniel
Bobroff, Lewis M.
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Ulick, Stanley C.
Wohl, Herbert
Brooklyn
Anderson, H. Clarke
Cohen, Irvin J.
Friedman, Clarence F.
Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C.B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Osgood, Howard
Winter, Peter M.
Cambridge
Amick, Arthur F.
Cleverdale
Tefft, Richard C., Jr.
Cooperstown
McIver, Monroe A.
Sahler, Otto DeP.
Croghan
Guller, Erastus I.
Delmar
Berg, Howard W.
Fayetteville
Neptune, Edgar McC.
Glen Falls
Batt, Richard C.
Hollis
Stearns, Thornton
Irvington
Brooks, Leslie
Kenmore
Schenk, Worthington G., Jr.
Kingston
Gorman, Mary L.
Larchmont
Haralambie, James Q.
Little Neck, Long Island
Wenig, Martin
Manhassett, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.
Margaretville
Mackie, Robert W.
Mechanicville
Ryan, James P.
Mount Morris
Judd, James M.
New Hartford
Millet, J. Bradford
New York

Alper, Joseph M.
Ault, Lynn L.
Baddock, Sheldon S.
Binder, Sheldon C.
Bowden, Lamuel
Carroll, Robert E.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Gillies, A.
Goldblatt, Myron E.
Gomatos, Peter J.
Grant, Lester H.
Gross, Brian B.
Hajek, Joseph V.
Heffron, Roderick
Henley, Thomas F.
Hiebert, John M.
Hirschman, Shalom Z.
Hofer, Myron A., II
Johnson, Louis F.
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Langer, Glenn A.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Malcolm, John A.
Malkin, Richard B.
Marcy, S. Michael
Metcalf, Kenneth M.
Monchik, Gerald J.
Moore, Burness E.
Mote, John R.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart de C.
Pollock, Edward J.
Quan, Stuart H.Q.
Rappleye, Willard C.
Rovit, Richard L.
Schulman, Joseph D.
Schutz, James S.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Squire, Lucy F.
Stason, William B.
Stenger, Richard J.
Tenney, Vivian A.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Youmans, John B.
Yount, William J.

North Tarrytown
Thompson, Walter A.

Pelham
McHugh, Paul R.

Plattsburg
Barton, Lyman G., Jr.

Poughkeepsie
Bedell, Wallace C.
Keeley, James K.

Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Boller, Charles
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Egel, Norman
Friedman, Stanford B.
Gillies, Alastair J.
Griner, Paul F.
Hall, Thomas C.
Jones, Robert H.
Morgan, William L., Jr.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stetson, John B.
Steward, James M.

Roslyn Estates
Bonomo, Gregory R.

Scarsdale
Hammond, William
Lipman, Marvin M.
Newman, Herbert A.
Seed, John C.

Schenectady
Rogers, William A.

Syracuse
Dunn, Edward
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Silverman, A. Clement

Troy
Talin, John J.

Upton
Cotzias, George C.
Dahl, Lewis K.

Utica
Case, Calrke T.
Knapp, Robert G., Jr.

Watertown
George, H. Louis, Jr.

Woodbury
Charash, Leon I.

NORTH CAROLINA

Asheville
Morrison, Roger W.
Neville, Charles W., Jr.

Chapel Hill
Africa, Bruce
Barnett, Thomas B.
Burnett, Charles H.
Cecere, Gerald J.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Lansing, Cornelius
Lassiter, William E.
McClellan, Walter S.
Miller, Milton L.
Monroe, John T., Jr.
Parker, John C.
Preston, Edwin T.
Rolett, Ellis L.
Sparling, P. Frederick
Taylor, Isaac M.

Charlotte
Brenizer, Addison G., Jr.
Elliott, Joseph A., Jr.

Columbus
Placak, Joseph C., Jr.

Concord
Collins, David L., Jr.

Durham
Appel, Stanley H.
Griffith, John F.
Katz, Samuel L.
Kelley, William N.
Kunz, U.
Lang, David J.
Pearse, Richard L.
Peete, William P.J.
Persons, Elbert L.
Reeves, Robert J.

Rygorsky, Jerome E.

Fort Bragg
Fisher, Morris A.

Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.

Morgantown
Vernon, James T.

Raleigh
Gada, Preston H.
Manly, Isaac V.
Rhodes, John S.
Wooten, E. Jane Herring
Worth, Thomas C.
Young, David A.

Southern Pines
McMillan, Robert M.

Wilmington
Graham, Charles P.

Winston-Salem
Bostic, William C., III
Cole, Monroe
Conrad, Elizabeth

OHIO

Akron
Kramer, James G.
Voke, Edward L.

Bellefontaine
Traul, Richard S.

Bratenahl
Irwin, Robert J., Jr.

Canton
Morgan, Winfield S.
Rajarmalingam, Sundararajan
Scott, Murray W., Jr.

Cincinnati
Acheson, George H.
Berke, Raymond A.
Block, Gordon L.
Confer, David Bruce
Freiberg, Joseph A.
Gall, Edward A.
Jordan, Earl F.
Kleinman, Leonard I.
Newstedt, J. Rogert
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.

Cleveland
Badal, Daniel W.
Banker, Betty Q.
Bloomfield, Daniel K.
Brodkey, Jerald S.
Evans, Richard R.
Ford, Amasa B.
Groves, Laurence K.
Hopkins, Robert W.
Jeferies, William McK.
Kendrick, James I.
Miller, James G.
Normann, Nils
Pearson, Olaf H.
Rhidelander, Frederic W.
Ryan, Kenneth J.
Shannon, Edward W.
Weir, David R.

Cleveland Heights
Baumgartner, Donavin A., Jr.
Glover, Donald M.

Columbus
Ellis, Effie O.
Garrett, John G.
George, Jack M.
Haynes, Ruth C.
Haynes, Walter M.
Heros, Roberto C.
Heggie, John F.
Kakumoto, Yoichiro
Tetirick, Jack E.

Dayton
Flook, Samuel E.
Hochwalt, W. Richard
Hollister, Nathaniel R.
Kornfield, Michael A.

North Canton
Shipley, Margaret S.

Oxford
Bohning, Daryl E.

Wooster
Jackson, Lee

Youngstown
Coombs, Frederick S.

OKLAHOMA

Altus
Hiett, Joan K.

Ardmore
Schuler, James D.

Lawton
Loescher, Richard A.

Muskogee
Fite, E. Halsell

Oberlin
Warner, John H., Jr.

Oklahoma City
Bell, James P.
Carey, John M.
Carter, George B.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.

Talihina
Atherton, Stephen O.

Tulsa
Steele, Byron W., Jr.

OREGON

Arch Cape
Rockey, Eugene W.

Corvallis
Steele, Robert E., Jr.

Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas

Portland
Baker, Russell L.
Boyden, Allen M.
Crary, Lyall S., Jr.
Ditmore, Harry B., Jr.
Hall, Robert G.
Novy, Miles J.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Thatcher, Blair van H.
Whittemore, James P.

PENNSYLVANIA

Ardmore
Sampson, D. Allen

Bangor
Cascario, Nicholas, Jr.

Bethlehem
Leister, Claude M.

Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G., Jr.

Chestnut Hill
Flaxman, B. Alan

Erie
Monahan, John J.

Greentree
Chang, Wallace H. J.

Gwynedd
Stoddard, James K.

Harrisburg
Berkheimer, George A.
Gallia, Francis J.

Hershey
Vesell, Elliot S.

Hookstown
Bauer, Frank L.
Kennett Sq.
Mayer, George P.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion Station
Murphy, Grace L.
Narberth
O'Brien, Charles P., Jr.
Philadelphia
Bora, F. William, Jr.
Bornstein, Donald L.
Brent, Robert L.
Dohan, F. Curtis
Donovan, Woodrow M.
Field, Richard A.
Fisher, Mary S.
Gabuzda, Thomas G.
Gardner, Laurence B.
Heath, Robert D.
Hirschhorn, Richard C.
Johnson, Dale G.
Lehrich, James R.
Ludwig, George D.
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Montgomery, Hugh
Nicholson, Jesse T.
Peltz, William L.
Perrin, George M.
Rasmussen, Howard
Roth, James L.d'A.
Saldana, Mario J.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Singer, Irwin
Sloane, Robert B.
Starr, Isaac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Thier, Samuel O.
Vaughan, Victor C., III
Waxman, Herbert S.
Willens, John S.
Wood, Howard P.
Wyngaarden, James B.
Zacks, Sumner I.
Pittsburgh
Fennell, Robert H., Jr.
Ferguson, Albert B., Jr.
Field, James B.
Leighton, Joseph
McLaughlin, William B.
Mesaros, Marie A.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John, III
Plattsburgh
Dwyer, John H.
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsburg
Michie, Catherine R.
West Chester
Kimura, Kazuo K.
West Point
Bertland, Alexander U.
Wynnewood
Rasmussen, Jane S.
Wyomissing
Leinbach, Thomas C.
Morrissey, E. James
Morrissey, Eugene J.
York
Farkas, Robert W.

RHODE ISLAND

North Kingstown
Brewster, David C.
Providence
Adams, Levi C.
Cotter, Walter C.
Cutts, Frank B.
Hamlin, Hannibal
Liffman, Kenneth E.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Scott, H. Denman
Simeone, Fiorindo A.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Rumford
Hogan, John F.
Warren
Forget, Bernard G.
Warwick
Aaronson, Leroy D.
Madden, Edwin J.

SOUTH CAROLINA

Charleston
Baker, Charles R.F., Jr.
Boone, John A.
Summerall, Charles P., III
Talbert, Oliver R.
Columbia
Haskins, Bruce J.
Theus, Walter W.

SOUTH DAKOTA

Sioux Falls
Barlow, John F.
Wegner, Karl H.

TENNESSEE

Big Spring
Warren, Charles F.
Bristol
Gammon, William M.
Chattanooga
Ballard, Fred B., Jr.
Spalding, Robert
Johnson City
Brindley, Clyde O.
Kingsport
Maloy, Joseph K.
Knoxville
Chernoff, Amos I.
Memphis
Kabbani, Mahmoud M.
Livermore, George R., Jr.
Nobles, Eugene R., Jr.
Raines, Richard B.
Rosenberg, E. William
Shaw, John L.
Stern, Neuton S.
Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Hall, Hugh D.
Lee, John M.
Newmann, Elliott V.
Russell, Shirley B.
Smith, Marion L.
Smith, Raphael F.
Oak Ridge
Ruley, Henry B.

TEXAS

Austin
Kreisle, James E.
Winkler, John J.

Beaumont
Hinshaw, Arvil J.
Carswell Air Force Base
Backman, John H.
Corpus Christi
Jenkins, Charles K.
Dallas
Binion, John T.
Coggeshall, Howard C.
Giles, Robert B., Jr.
Helgeson, Norman G.P.
Hodges, T. Wiley
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Moore, S. Halcuit, Jr
Nathan, Martin J.
Rose, Patrick F.
Schneiderman, R. Neal
Siperstein, Marvin D.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, James T.
Williams, Oscar B., Jr.
Denison
Freeman, Don W.
El Paso
Duritz, Gilbert
Jabaley, Michael E.
Fort Sam Houston
Babb, Joseph D.
Nash, Gerald
Fort Worth
Flood, William E.
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.
Houston
Butler, James E.
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Keats, Arthur S.
Kennedy, John H.
Owen, William R.
Platt, Melvin R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.
Lackland Air Force Base
Cosimi, A. Benedict
Janis, Kenneth M.
McAllen
Evans, Sheridan S.
San Antonio
Aldredge, Horatio R., III
Aldredge, Kay F.
Asher, Marc A.
Foley, F. Daniel
Nash, Andrea H.
Struble, Robert A.
Thompson, Milton S., Jr.
Wishner, Stanley H.
Wolfson, Steven
Shephard Air Force Base
Sperling, Arthur L.

UTAH
Ogden
Keyes, Gale H.
Perkins, Arthur
Salt Lake City
Christensen, William R.
Christenson, William N.
Clark, Lincoln D.
Herbertson, Wayne M.
Nelson, Russell M.
Nielsen, Talmadge W.
Rich, Joseph C., Jr.
Rodman, Charles A., II
Temple, Anthony R.
Young, Clark

VERMONT
Bennington
Baker, Dudley M.
Giddings, W. Philip
Brattleboro
Glick, John L.
Sharper, J. Douglass
Tomkins, J. Butler
Burlington
Bell, John F.
Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Schofield, Peter
Soule, A. Bradley, Jr.
Tisdale, William A.
Young, William G.
Enosburg Falls
O'Shea, Clare Marshall
Montpelier
Buttles, Roy V.
Shelburne
Lowell, William H., Jr.
Waterbury
Chittick, Rupert A.
West Townshend
Folsom, Hugh F.
White River Junction
Anthonisen, Niels L.
Crandell, Walter B.

VIRGINIA
Alexandria
Collins, Richard
Lewis, John L., Jr.
Lotz, Myron
Arlington
Detwiler, Robert H.
Ormandy, Laszlo
Charlottesville
O'Brien, William M.
Parson, William
Swineford, Oscar, Jr.
Wood, J. Edwin, Jr.
Fort Belvoir
Briggs, Burton A.
Fort Eustis
Marsland, David W.
Hampton
Galdabini, James J.
Irvington
Wescott, Henry H.
McLean
Bridge, Edward M.
Worthington, Michael G.
Richmond
Adams, Raymond A.
Blades, James F.
Callison, James R.
Carmichael, Miriam W.
Goodale, Fairfield, Jr.
James, G. Watson, III
Jones, Basil B.
Jordan, William R.
Koontz, Warren W., Jr.
MacDonald, Ralph F.
Randall, Russell E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro
Tucker, James T.
Ulmer, Jack L.
Williams, G. Melville

Wright, R. Lewis
Roanoke
Glendy, Margaret M.
Glendy, R. Earle
Walke, John T.
Wood, Benjamin S.
Williamsburg
Jones, Thomas B.

WASHINGTON
Bellevue
Milam, Daniel F., Jr.
Bellingham
Watts, Arthur B.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Bell, John W.
Brown, Norman K.
Coe, Robert C.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry B.
Grainger, David W.
Green, Martin L.
Lawrence, G. Hugh
Lurie, Hugh J.
MacMahon, Charles E.
Mannik, Mart
McCollum, Richard G.
Morgan, Clarence L.
Odland, George F.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Steward, John E.
Volwiler, Wade
Wimberger, Herbert C.
Spokane
Andros, George
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Vancouver
Burns, E. Murray
Walla Walla
Brooks, Peter T.
Gilbert, Allen C.
Yakima
Mathieu, Thomas J.

WEST VIRGINIA
Alderson
Hopkins, Robert P.
Beckley
Klingensmith, Walter E.
Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Kovacevich, Miroslav M.
Revercomb, Paul H.
Stewart, William C.
Fairmont
Shaffer, Frederick G.
Wang, Shen Kyang
Morgantown
Currie, Richard A.
Shaffer, Hubert A.
South Charleston
Steele, James L.
Wheeling
Duffy, Raymond J.
Weiler, Howard G.

WISCONSIN
Elm Grove
Schmidt, Robert A.
La Crosse
Gundersen, A. Erik
Gundersen, Adolf L.
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Murphy, George B., Jr.
Shealy, C. Norman
Tomkins, Douglas G.
Madison
Albright, Edwin C.
Gordon, Edgar S.
Greeley, Hugh P.
Hopkins, Charles E.
Javid, Manucher
McClung, John L.
Osborn, June E.
Schwartz, Abraham B.
Marshfield
Pederson, Donald P.
Milwaukee
Barrow, David W.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Schneider, Chester C.
Princeton
Mueller, Gustave C.E.

WYOMING
Cheyenne
Kind, Henry A.

ARGENTINA
Buenos Aires
Bordone, Lila E.
Lassalle, Eduardo A.
Scaliter, Dora F.

AUSTRIA
Vienna
Bruecke, Peter E.

AUSTRALIA
Camperdown
Atkinson, Kenneth H.
Medindie
McCoy, William T.
Melbourne
Colquhoun, John B.
Halford, Margaret D.A.
Sydney
Slater, Barbara L.
Trethowan, William H.
Victoria
Morris, Peter J.
Shanahan, Elizabeth A.

BELGIUM
Brussels
Frederick, Elizabeth S.

BRAZIL
Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. de Q.
Sao Paulo
Barretto, Oscar de F.

CANADA
Aylmer
McKay, Wilfred W.
Calgary
Walker, Robert H.
Halifax
Marshall, Clyde S.
Hamilton
Detwiler, Robert C.
Fine, Stuart H.
Kingston
Ashworth, Michael A.
Kitchener
Tallon, John B.
Lancaster
Gregory, Robert A.
London
Cameron, Howard S.
Sober, Stanley

Londonderry
MacKinnon, Roderick
Montreal
Chiu, Thomas L.
Davanloo, Habibolah
Freeman, Joel B.
Greenwood, Frederick A.H.
Johnson, Louis G.
Kahn, David S.
Lipowski, Zbigniew J.
MacDermott, Pembroke N.
McConnell, Fleming
Robillard, F. Robert
Robillard, Raymond L.
Shannon, James G.
Shugar, Joseph L.
Thurlbeck, William M.
Wexler, Marvin J.
Olds
Burland, George R.
Huckell, John R.
Regina
Colpitts, Grant E.
St. Johns
Holt, Charles L.
Scarborough
Melvin, William J.S.
Sudbury
Field, Paul
Toronto
Burrington, John D.
Gardiner, William J.
Harris, W. Robert
Holmes, R. Brian
Lowrey, Stanley R.
McIlroy, William J.
Michalska, Irene K.
Ritchie, Alexander C.
Simone, Andrew A.
Verny, Thomas R.
Vancouver
Bell, Henry M.
Dunn, William L.
Victoria
Aranas, Arturo L.
Duxbury, James H.
Winnipeg
Adamson, Gilbert L.

CHILE
Santiago
Williamson-Lefort, Ladislao

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Copenhagen
Brandstrup, Niels E.
Ibsen, Bjorn
Probst, Jan-Henrik
Hellerup
Andersen, Erik W.

EAST PAKISTAN
Dacca
Klaus, Hanna

EIRE
Dublin
Guiney, Edward J.

ENGLAND
Bristol
Hobbs, Kenneth E.F.
Cambridge
Davies, M. Elizabeth
London
Behrendt, Douglas M.
Brown, Joan M.
Goldman, John M.
Greene, Reginald E.
Leigh, A. Denis
Raff, Martin C.
Sahay, Bal M.
Tow, Peter M.
Wright, John E.C.
Menston
Gore, Charles P.
Southampton
Hammond, Graeme L.
Lawson, Dexter W.
York
Peacock, Munro

FRANCE
Lyon
Michel, Albert J.D.
Orsay
Veyrieres, Alain M.
Paris
Kernan, Reginald D.

GERMANY
Hamburg
Baldamus, Conrad A.
Miller, Alfred E.
Munich
Harder, Hans J.
Huppe, Justin R.

GREECE
Athens
Arzimanoglu, Anthony A.
Zaouussis, Alexander L.
Thessaloniki
Papadopoulos, Demetrios A.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

GUAM
Agana
Schnur, James A.

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J.A.
Yodh, Shyam B.
Calcutta
Hughes, James R.
Nandi, Pradip K.
New Delhi
Pant, Shyam S.
Prakash, Atm
Singh, Madan M.
Tandon, Rajendra
Punjab
Wysnam, Donald N.

IRAN
Resht
Samiy, Hussein E.
Shiraz
Barekat, Ali A.
Esmaili, Mohammad H.
Saidi, Farrokh

ISRAEL
Petah Tiqva
Laron, Zvi
Ramat Gan
Nahor, Amos
Rehovoth
Ronat, Judith G.
Tel Aviv

Heilbronn, Yechiel D.
Yonath, Jacob

Tikva
Ovadia, Jardena

ITALY
Milano-Affori
Mangoni, Alfonso
Righetti, Piergiorgio

Naples
Amati, Jacqueline M.

Rome
Castagneto, Marco

JAPAN
Tokyo
Kato, Fumio
Suwa, Kunio

Tottori-shi
Okagaki, Takashi

LEBANON
Beirut
Abi-Torbey, Khalill
Egbert, Lawrence
Germanos, Khalil
Harrison, Timothy S.
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid Ahmed
Wilson, John L.

MEXICO
Ensenada
Freeman, Norman E.

Mexico City
Belsasso, Guido
Chavez-Peon, Federico

THE NETHERLANDS
Amsterdam
Donner, Reynout

Nyjmegen
Koene, Robert A.

Rotterdam
Greep, Jacobus M.

NIGERIA
Ibadan
Bohrer, Stanley P.

Lagos
Baldwin, Wayne E.

NEW ZEALAND
Dunedin
Blennerhassett, John B.

NORTHERN IRELAND
Belfast
Gibson, John G.

NORWAY
Oslo
Lund, Ivar
Stovner, Jacob

PERU
Lima
de Mola, Luis L.

PHILIPPINES
Davao City
Calderon, Doninador C.

Manila
Canlas, Benjamin D., Jr.

Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

Wroclaw
Lisowska, Elwira M.

REPUBLIC OF THE CONGO
Leopoldville
Cardenal, Fernano A.

REPUBLIC OF SOUTH AFRICA
Bloemfontein
Ungerer, Matthys J.

Cape Town
Zaacks, Philip L.

Durban
Gamsu, David

Johannesburg
Saffer, S. David

SCOTLAND
Glasgow
Mital, Mohinder A.

SOUTH VIETNAM
Saigon
Keating, James P.

SPAIN
Barcelona
Ribas-Mundo, Manuel

SWITZERLAND
Basel
Hugin, Werner
Jaton, Jean-Claude

Geneva
Muller, Alex F.

Lausanne
Berger, Jean Pierre

Zurich
Bally, Peter R.

THAILAND
Bangkok
Stewart, Michael M.

TURKEY
Istanbul
Yenel, Faruk M.

VENEZUELA
Caracas
Avendano, Mireya
Bianco, Jesus A.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

WALES
Cardiff
Thomas, Anne G.T.

WEST INDIES
HAITI
Port Au Prince
May, Harold L.

FORMS OF LEGACIES

A. An Unrestricted Legacy

"I give The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts . . . . . ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of . . . . . and shall be known as the . . . . . Fund."

Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 31 Milk Street, Boston.